

Wisconsin Home Health Agency Directory

2001

October 2002

Bureau of Health Information
Division of Health Care Financing
Department of Health and Family Services

Suggested citation:

Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, *Wisconsin Home Health Agency Directory, 2001* (PHC 5344). October 2002.

FOREWORD

Chapter 50.49, Wisconsin Statutes, authorizes and directs the Department of Health and Family Services (DHFS) to develop rules for the licensure of all home health agencies serving Wisconsin residents (Wisconsin Administrative Code, HFS 133, Home Health Agencies). These rules include requirements for reporting information on home health agencies to DHFS through the submittal of licensure application forms provided by the Department. The survey form is attached to the annual report. The Bureau of Health Information, DHFS, compiles the survey data for use by the Department and others.

The agency profiles presented in this directory are based on survey data collected for the 2001 calendar year. Each agency profile also includes results of a one-day, point-in-time profile of residents served by the agency on December 6, 2001. The annual report, to which the survey was attached, is for the period June 1, 2002 through May 31, 2003. The Bureau of Health Information would like to thank the home health agencies for their participation in the annual surveys.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Jane Conner, research analyst, prepared the directory. She also coordinated and implemented the data collection and editing activities. Kitty Klement, research analyst, and Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. The directory was prepared under the supervision of Martha Davis, Acting Chief, Workforce and Provider Survey Section, and the overall direction of John Chapin, Interim Director of the Bureau of Health Information.

Inquiries concerning the information presented in this publication should be directed to the Bureau of Health Information, Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309, or telephone (608) 267-9055.

Many of the publications produced by the Bureau of Health Information can be found online, at www.dhfs.state.wi.us/stats.

To obtain an additional copy of this directory, please send a \$15.00 check (made payable to the Division of Health Care Financing), along with a note requesting the 2001 Home Health Agency Directory, to the following address:

Bureau of Health Information
Division of Health Care Financing
ATTN: Joan Gugel
P.O. Box 309
Madison WI 53701-0309

TABLE OF CONTENTS

FOREWORD	iii
INTRODUCTION	vii
HOME HEALTH AGENCY PROFILES	
A. Wisconsin Agencies	1
B. Out-of-State Agencies	134
C. State of Wisconsin Totals	151
INDICES OF HOME HEALTH AGENCY PROFILES	
A. By County	155
B. By City	159
C. Alphabetically by Agency Name	163
D. By License Number	167

INTRODUCTION

Home health agencies have been an integral part of the Wisconsin health care delivery system since the early 1960s. The Annual Survey of Home Health Agencies was begun in 1984 to systematically collect information about the characteristics of home health agencies and the patients they served. The purpose of the survey is to generate information useful to various programs in the Department of Health and Family Services, home health agency administrators, public and private health care professionals, and other interested citizens.

This directory presents data for the 150 home health agencies that submitted an application for an annual report for 2001. Agency profiles include detailed information about individual home health agencies for 2001 and a one-day, point-in-time profile of residents served on December 6, 2001. The agency profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all agencies statewide by county, city, name of agency, and license number assigned to each agency by the Bureau of Quality Assurance, Division of Supportive Living.

Data contained in each profile are agency-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for agencies with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data were not provided by the agency.

The following information is presented for each agency:

1. Identifying information, including agency name, address, city, zip code, county, telephone number and license number.
2. Agency characteristics, such as type of ownership, certification for Medicare (Title 18) and Medicaid (Title 19), any affiliation with a hospital, and counties served by the agency.
3. Agency utilization measures, including the number of patients, visits and visits per patient by type of service.
4. Profiles of the percentage of patients served during the year, by patients' age, sex, reimbursement source and primary diagnosis. The profiles of the percentage of patients by age, sex and primary diagnosis describe an unduplicated count of patients served during calendar year 2001. The profile by reimbursement source is based on the agency's last completed fiscal year and describes a duplicated count of patients.
5. Revenue and expenses for the agency's last completed fiscal year.
6. The percentage of admissions by referral source and the discharge status or care destination for patients discharged.
7. Number of full-time equivalent employees (FTEs). Staffing data does not include information about consultants or contracted staff.

To assist the reader in converting the percentages shown in each profile to a comparable number of patients, an example is provided using data from the Bellin Home Health Agency in Green Bay (Page 5). To calculate the number of patients served by this agency who were age 65 to 74, divide the percentage for the age group (12.8) by 100 (.128) and multiply the result by the total number of patients served during the year (815). The product (.128 x 815) is 104.32, which when rounded to 104 is the number of unduplicated patients age 65 to 74 served by this agency during the 2001 calendar year.

Home Health Agency Profiles

Adams County Memorial Hospital Association

450 East State Street

Adams WI 53910

Adams County

(608) 339-7076

License Number: 139

Ownership of Agency: Nonprofit Association

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 16

Number of unduplicated patients in 2001 = 196

COUNTIES SERVED

Adams

Columbia

Juneau

Marquette

Waushara

Wood

TOTAL NUMBER OF ADMISSIONS 204**PERCENT ADMISSIONS FROM:**

Private Residences 9.8%

General Hospitals 57.8

Nursing Homes 11.8

Other 20.6

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 210

PERCENT DISCHARGES TO:

Private Residences 66.2%

General Hospitals 18.6

Nursing Homes 6.7

Deaths 1.9

Other 6.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	196	1,662	8.5
Home Health Aide	52	503	9.7
Physical Therapy	37	233	6.3
Spch/Occ/Resp Therapy	8	33	4.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	90	4,068	45.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,499	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 61.5%
4 to 24 1.0	Medicaid 25.8
25 to 54 13.3	Other Federal 0.0
55 to 64 7.1	State Funds 0.0
65 to 74 18.9	Private Insurance 11.7
75 to 84 32.1	Self Pay 0.0
85 & over 27.0	Other 0.9
	TOTAL PATIENTS 213

Males 37.2% Females 62.8 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.5%
Cancer 6.1	Genitourinary Sys. 3.6
Diabetes 4.6	Preg. & Childbirth 0.0
Diseases of Blood 1.5	Arthropathies 17.3
Dementia/Alzheimers 1.0	Osteopathies 2.6
Psychoses/Neuroses 0.5	Perinatal Period 0.5
Central Nervous Sys. 2.0	Ill-Defined Cond. 6.6
Paralysis/CP 0.5	Fractures 6.6
Cardiovascular 18.9	Wounds, Burns 3.1
Stroke 2.6	Compl. of Surgery 2.6
Respiratory 7.1	Other Conditions 10.7

REVENUE	
Billings \$	419,916
Disallowances	45,629
Collections	374,287
Other	0
Total	374,287

EXPENSES	
Total \$	419,702

STAFFING FTES

Administrators 1.0

Reg. Nurse Supervisors 1.0

Registered Nurses 1.4

Licensed Practical Nurses 0.0

Home Health Aides 2.4

Physical Therapists 0.4

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 4.4

Homemakers 0.0

Other Staff 2.0

TOTAL FTES 12.6

Bay Area Home Health Services

1601 Beaser Avenue
Ashland WI 54806

Ashland County

(715) 682-9500

COUNTIES SERVED

Ashland
Bayfield
Iron
Vilas

License Number: 251

Ownership of Agency: Individual Proprietary

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 51

Number of unduplicated patients in 2001 = 153

TOTAL NUMBER OF ADMISSIONS 97

PERCENT ADMISSIONS FROM:

Private Residences	16.5%
General Hospitals	28.9
Nursing Homes	17.5
Other	37.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 111

PERCENT DISCHARGES TO:

Private Residences	28.8%
General Hospitals	31.5
Nursing Homes	0.0
Deaths	3.6
Other	36.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	85	1,154	13.6
Home Health Aide	27	637	23.6
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	228	43,648	191.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	153	47,557	310.8
TOTAL	XXXXXXX	92,996	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 20.1%
4 to 24 3.9	Medicaid 66.1
25 to 54 20.9	Other Federal 0.0
55 to 64 13.7	State Funds 0.6
65 to 74 13.7	Private Insurance 3.4
75 to 84 19.0	Self Pay 9.8
85 & over 28.8	Other 0.0
	TOTAL PATIENTS 174

Males 36.6% Females 63.4 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.7%	Digestive Disorders 0.0%
Cancer 7.2	Genitourinary Sys. 3.3
Diabetes 3.9	Preg. & Childbirth 0.0
Diseases of Blood 2.6	Arthropathies 10.5
Dementia/Alzheimers 5.2	Osteopathies 1.3
Psychoses/Neuroses 5.9	Perinatal Period 0.7
Central Nervous Sys. 2.6	Ill-Defined Cond. 4.6
Paralysis/CP 2.0	Fractures 2.0
Cardiovascular 13.1	Wounds, Burns 2.6
Stroke 7.2	Compl. of Surgery 0.0
Respiratory 4.6	Other Conditions 20.3

REVENUE

Billings	\$ 1,558,566
Disallowances	55,966
Collections	1,502,600
Other	2,969
Total	1,505,569

EXPENSES

Total	\$ 1,513,254
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.7
Licensed Practical Nurses	0.0
Home Health Aides	0.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	21.1
Homemakers	21.1
Other Staff	6.1
TOTAL FTES	52.5

Lakeview Medical Center

212 South Main Street
Rice Lake WI 54868

Barron County

COUNTIES SERVED

Barron
Burnett
Polk
Rusk
Sawyer
Washburn

(715) 236-6256

License Number: 151

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 23

Number of unduplicated patients in 2001 = 329

TOTAL NUMBER OF ADMISSIONS 304

PERCENT ADMISSIONS FROM:

Private Residences	12.8%
General Hospitals	72.0
Nursing Homes	13.8
Other	1.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 297

PERCENT DISCHARGES TO:

Private Residences	78.8%
General Hospitals	14.5
Nursing Homes	2.0
Deaths	1.7
Other	3.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	329	3,977	12.1
Home Health Aide	130	4,156	32.0
Physical Therapy	119	349	2.9
Spch/Occ/Resp Therapy	40	148	3.7
Medical Social Service	31	44	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,674	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	1.5%	Medicare	74.2%
4 to 24	2.1	Medicaid	11.4
25 to 54	6.4	Other Federal	0.0
55 to 64	8.5	State Funds	0.0
65 to 74	23.7	Private Insurance	13.3
75 to 84	40.7	Self Pay	0.8
85 & over	17.0	Other	0.3
		TOTAL PATIENTS	360

Males 38.0% Females 62.0 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.6%	Digestive Disorders	4.3%
Cancer	12.2	Genitourinary Sys.	2.4
Diabetes	4.0	Preg. & Childbirth	0.0
Diseases of Blood	3.0	Arthropathies	16.4
Dementia/Alzheimers	0.6	Osteopathies	2.4
Psychoses/Neuroses	0.3	Perinatal Period	0.3
Central Nervous Sys.	0.9	Ill-Defined Cond.	3.0
Paralysis/CP	1.5	Fractures	7.9
Cardiovascular	15.2	Wounds, Burns	1.8
Stroke	4.6	Compl. of Surgery	4.0
Respiratory	6.4	Other Conditions	8.2

REVENUE

Billings	\$	906,412
Disallowances		241,190
Collections		665,222
Other		350
Total		665,572

EXPENSES

Total	\$	883,052
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STAFFING**FTES**

Administrators	0.8
Reg. Nurse Supervisors	1.6
Registered Nurses	5.5
Licensed Practical Nurses	0.0
Home Health Aides	3.9
Physical Therapists	0.2
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	13.5

Bayfield County Health Department

117 East 5th Street, PO Box 403

Washburn WI 54891

Bayfield County

COUNTIES SERVED

Bayfield

(715) 373-6109

License Number: 11

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 4

Number of unduplicated patients in 2001 = 82

TOTAL NUMBER OF ADMISSIONS 75**PERCENT ADMISSIONS FROM:**

Private Residences	26.7%
General Hospitals	54.7
Nursing Homes	18.7
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 78

PERCENT DISCHARGES TO:

Private Residences	88.5%
General Hospitals	7.7
Nursing Homes	3.8
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	73	830	11.4
Home Health Aide	32	581	18.2
Physical Therapy	41	361	8.8
Spch/Occ/Resp Therapy	3	29	9.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,801	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 86.7%
4 to 24 0.0	Medicaid 7.2
25 to 54 2.4	Other Federal 0.0
55 to 64 8.5	State Funds 0.0
65 to 74 19.5	Private Insurance 1.2
75 to 84 52.4	Self Pay 4.8
85 & over 17.1	Other 0.0
	TOTAL PATIENTS 83

Males 40.2% Females 59.8 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 7.3%
Cancer 6.1	Genitourinary Sys. 2.4
Diabetes 8.5	Preg. & Childbirth 0.0
Diseases of Blood 3.7	Arthropathies 26.8
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 2.4
Paralysis/CP 0.0	Fractures 8.5
Cardiovascular 13.4	Wounds, Burns 1.2
Stroke 6.1	Compl. of Surgery 0.0
Respiratory 3.7	Other Conditions 9.8

REVENUE

Billings \$	205,201
Disallowances	31,521
Collections	173,680
Other	0
Total	173,680

EXPENSES

Total \$	248,582
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.0
Licensed Practical Nurses	0.0
Home Health Aides	0.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	4.7

Bellin Home Health Agency

215 North Webster Avenue
Green Bay WI 54305

Brown County

(920) 433-3480

License Number: 14

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 41

Number of unduplicated patients in 2001 = 815

COUNTIES SERVED

Brown

Door

Kewaunee

Manitowoc

Marinette

Oconto

Oneida

Outagamie

Shawano

TOTAL NUMBER OF ADMISSIONS 741**PERCENT ADMISSIONS FROM:**

Private Residences 36.8%

General Hospitals 57.6

Nursing Homes 2.8

Other 2.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 711

PERCENT DISCHARGES TO:

Private Residences 73.0%

General Hospitals 5.2

Nursing Homes 4.6

Deaths 3.8

Other 13.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	815	7,712	9.5
Home Health Aide	196	5,530	28.2
Physical Therapy	185	1,584	8.6
Spch/Occ/Resp Therapy	43	236	5.5
Medical Social Service	66	176	2.7
Private Duty Nursing	3	33	11.0
Personal Care/PC RN Supv.	30	1,838	61.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	17,109	XXXXXX

AGE AND SEX OF PATIENTS **PATIENT REIMBURSEMENT SOURCE**

Under 4	3.8%	Medicare	58.5%
4 to 24	6.4	Medicaid	10.2
25 to 54	20.0	Other Federal	0.7
55 to 64	11.2	State Funds	0.4
65 to 74	12.8	Private Insurance	27.6
75 to 84	29.7	Self Pay	2.6
85 & over	16.2	Other	0.0
		TOTAL PATIENTS	815

Males 52.1% Females 47.9 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.1%	Digestive Disorders	5.2%
Cancer	9.6	Genitourinary Sys.	3.8
Diabetes	5.0	Preg. & Childbirth	2.6
Diseases of Blood	1.3	Arthropathies	6.9
Dementia/Alzheimers	0.4	Osteopathies	1.3
Psychoses/Neuroses	1.0	Perinatal Period	1.8
Central Nervous Sys.	4.7	Ill-Defined Cond.	4.4
Paralysis/CP	2.6	Fractures	4.8
Cardiovascular	17.5	Wounds, Burns	4.3
Stroke	2.5	Compl. of Surgery	2.9
Respiratory	4.3	Other Conditions	12.0

REVENUE

Billings	\$ 1,176,078
Disallowances	25,332
Collections	1,150,746
Other	42,649
Total	1,193,395

EXPENSES

Total	\$ 1,869,831
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	4.0
Registered Nurses	10.4
Licensed Practical Nurses	0.5
Home Health Aides	7.4
Physical Therapists	1.9
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.5
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.7
TOTAL FTES	31.3

Heartland Home Health Care

2050 Riverside Drive, 1st Floor
Green Bay WI 54301

Brown County

(920) 436-9380

COUNTIES SERVED

Kenosha
Milwaukee
Ozaukee
Racine
Waukesha

License Number: 218

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 1

Number of unduplicated patients in 2001 = 118

TOTAL NUMBER OF ADMISSIONS 53

PERCENT ADMISSIONS FROM:

Private Residences	24.5%
General Hospitals	30.2
Nursing Homes	18.9
Other	26.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 159

PERCENT DISCHARGES TO:

Private Residences	69.8%
General Hospitals	8.8
Nursing Homes	8.8
Deaths	2.5
Other	10.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	118	360	3.1
Home Health Aide	17	238	14.0
Physical Therapy	4	27	6.8
Spch/Occ/Resp Therapy	2	58	29.0
Medical Social Service	6	14	2.3
Private Duty Nursing	1	1,095	1095
Personal Care/PC RN Supv.	128	1,728	13.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	18	6.0
TOTAL	XXXXXXX	3,538	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 9.1%
4 to 24 8.5	Medicaid 57.8
25 to 54 26.3	Other Federal 1.3
55 to 64 22.0	State Funds 3.2
65 to 74 25.4	Private Insurance 26.0
75 to 84 16.1	Self Pay 2.6
85 & over 1.7	Other 0.0
	TOTAL PATIENTS 154

Males 43.2% Females 56.8 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 2.5%
Cancer 4.2	Genitourinary Sys. 5.1
Diabetes 19.5	Preg. & Childbirth 3.4
Diseases of Blood 0.0	Arthropathies 9.3
Dementia/Alzheimers 8.5	Osteopathies 0.0
Psychoses/Neuroses 7.6	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 5.1	Fractures 5.9
Cardiovascular 10.2	Wounds, Burns 9.3
Stroke 2.5	Compl. of Surgery 0.0
Respiratory 5.9	Other Conditions 0.8

REVENUE

Billings \$	539,257
Disallowances	774,246
Collections	-234,989
Other	0
Total	-234,989

EXPENSES

Total \$	115,560
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.5
Licensed Practical Nurses	5.0
Home Health Aides	0.0
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	8.6

Home Care Advantage, Inc.

120 South Webster Avenue
Green Bay WI 54301

Brown County

COUNTIES SERVED

Brown

(920) 437-0496

License Number: 154

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 7

Number of unduplicated patients in 2001 = 32

TOTAL NUMBER OF ADMISSIONS 19

PERCENT ADMISSIONS FROM:

Private Residences	31.6%
General Hospitals	26.3
Nursing Homes	31.6
Other	10.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 21

PERCENT DISCHARGES TO:

Private Residences	28.6%
General Hospitals	33.3
Nursing Homes	19.0
Deaths	9.5
Other	9.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	26	474	18.2
Home Health Aide	9	108	12.0
Physical Therapy	5	49	9.8
Spch/Occ/Resp Therapy	5	3,587	717.4
Medical Social Service	0	0	0.0
Private Duty Nursing	1	253	253.0
Personal Care/PC RN Supv.	4	609	152.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,080	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	3.1%	Medicare	56.3%
4 to 24	15.6	Medicaid	37.5
25 to 54	21.9	Other Federal	0.0
55 to 64	3.1	State Funds	0.0
65 to 74	12.5	Private Insurance	0.0
75 to 84	15.6	Self Pay	6.3
85 & over	28.1	Other	0.0
		TOTAL PATIENTS	32

Males 43.8% Females 56.3 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	6.3%
Cancer	0.0	Genitourinary Sys.	9.4
Diabetes	0.0	Preg. & Childbirth	0.0
Diseases of Blood	3.1	Arthropathies	9.4
Dementia/Alzheimers	0.0	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	6.3
Paralysis/CP	6.3	Fractures	9.4
Cardiovascular	18.8	Wounds, Burns	3.1
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	3.1	Other Conditions	25.0

REVENUE

Billings	\$ 1,096,038
Disallowances	213,655
Collections	882,383
Other	0
Total	882,383

EXPENSES

Total	\$ 1,057,210
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STAFFING

FTES

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	8.1
Licensed Practical Nurses	9.1
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.0
Homemakers	0.0
Other Staff	4.5
TOTAL FTES	24.6

Interim Healthcare of Northeastern Wisconsin, Inc.

2555 Continental Court, #4
Green Bay WI 54311

Brown County

(920) 494-3444

COUNTIES SERVED

Brown
Oconto
Outagamie

License Number: 266

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 20

Number of unduplicated patients in 2001 = 72

TOTAL NUMBER OF ADMISSIONS 54

PERCENT ADMISSIONS FROM:

Private Residences	42.6%
General Hospitals	37.0
Nursing Homes	13.0
Other	7.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 45

PERCENT DISCHARGES TO:

Private Residences	53.3%
General Hospitals	13.3
Nursing Homes	13.3
Deaths	8.9
Other	11.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	59	3,525	59.7
Home Health Aide	22	6,481	294.6
Physical Therapy	8	65	8.1
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	6	2,217	369.5
Personal Care/PC RN Supv.	14	1,022	73.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,310	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.9%	Medicare 12.8%
4 to 24 5.6	Medicaid 43.6
25 to 54 29.2	Other Federal 0.0
55 to 64 15.3	State Funds 10.6
65 to 74 12.5	Private Insurance 20.2
75 to 84 18.1	Self Pay 12.8
85 & over 12.5	Other 0.0
	TOTAL PATIENTS 94

Males 50.0% Females 50.0 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 2.8%
Cancer 0.0	Genitourinary Sys. 1.4
Diabetes 8.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 5.6
Dementia/Alzheimers 1.4	Osteopathies 0.0
Psychoses/Neuroses 4.2	Perinatal Period 0.0
Central Nervous Sys. 2.8	Ill-Defined Cond. 4.2
Paralysis/CP 18.1	Fractures 6.9
Cardiovascular 9.7	Wounds, Burns 5.6
Stroke 4.2	Compl. of Surgery 2.8
Respiratory 9.7	Other Conditions 12.5

REVENUE

Billings	\$ 1,157,014
Disallowances	299,755
Collections	857,259
Other	2,318
Total	859,577

EXPENSES

Total	\$ 944,642
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.9
Registered Nurses	2.1
Licensed Practical Nurses	3.7
Home Health Aides	6.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.4
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	18.3

St. Vincent Hospital Home Health Care

1927 South Webster Avenue
Green Bay WI 54301

Brown County

(920) 448-7000

License Number: 35
Ownership of Agency: Nonprofit Corporation
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 119
Number of unduplicated patients in 2001 = 2,605

COUNTIES SERVED

Brown
Door
Kewaunee
Oconto
Oneida
Outagamie
Shawano

TOTAL NUMBER OF ADMISSIONS 2,648

PERCENT ADMISSIONS FROM:

Private Residences 36.5%
General Hospitals 63.4
Nursing Homes 0.0
Other 0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 2,674

PERCENT DISCHARGES TO:

Private Residences 87.9%
General Hospitals 2.4
Nursing Homes 3.4
Deaths 1.5
Other 4.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2,177	12,117	5.6
Home Health Aide	161	13,469	83.7
Physical Therapy	757	7,681	10.1
Spch/Occ/Resp Therapy	468	6,111	13.1
Medical Social Service	312	1,100	3.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	438	11,290	25.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	39	1,987	50.9
TOTAL	XXXXXXX	53,755	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	39.1%	Medicare	34.4%
4 to 24	6.0	Medicaid	6.6
25 to 54	9.9	Other Federal	0.1
55 to 64	5.1	State Funds	0.3
65 to 74	10.2	Private Insurance	52.9
75 to 84	16.4	Self Pay	5.0
85 & over	13.3	Other	0.7
		TOTAL PATIENTS	2,648

PRIMARY DIAGNOSIS		PATIENT REIMBURSEMENT SOURCE	
Infectious Disorders	0.6%	Digestive Disorders	3.4%
Cancer	3.0	Genitourinary Sys.	0.0
Diabetes	3.5	Preg. & Childbirth	0.4
Diseases of Blood	0.5	Arthropathies	8.6
Dementia/Alzheimers	0.1	Osteopathies	0.0
Psychoses/Neuroses	4.4	Perinatal Period	36.4
Central Nervous Sys.	2.7	Ill-Defined Cond.	4.0
Paralysis/CP	0.7	Fractures	14.7
Cardiovascular	8.0	Wounds, Burns	0.0
Stroke	2.9	Compl. of Surgery	0.0
Respiratory	2.5	Other Conditions	3.6

REVENUE

Billings	\$ 4,653,681
Disallowances	274,101
Collections	4,379,580
Other	34,587
Total	4,414,167

EXPENSES

Total	\$ 4,534,744
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STAFFING

FTES

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	17.6
Licensed Practical Nurses	0.1
Home Health Aides	11.1
Physical Therapists	4.9
Occupational Therapists	2.1
Speech Pathologists	3.0
Respiratory Therapists	0.0
Medical Social Workers	1.7
Other Therapeutic Staff	1.0
Personal Care Workers	5.1
Homemakers	0.8
Other Staff	13.3
TOTAL FTES	62.4

Visiting Nurse Association of Wisconsin, Inc.

931 Discovery Road
Green Bay WI 54311

Brown County

(920) 288-5100

COUNTIES SERVED

Brown
Door
Kewaunee
Manitowoc

License Number: 1008

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 42

Number of unduplicated patients in 2001 = 238

TOTAL NUMBER OF ADMISSIONS 212

PERCENT ADMISSIONS FROM:

Private Residences	51.9%
General Hospitals	41.5
Nursing Homes	6.6
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 219

PERCENT DISCHARGES TO:

Private Residences	63.5%
General Hospitals	16.9
Nursing Homes	9.6
Deaths	4.6
Other	5.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	218	3,099	14.2
Home Health Aide	102	7,526	73.8
Physical Therapy	65	360	5.5
Spch/Occ/Resp Therapy	38	178	4.7
Medical Social Service	27	47	1.7
Private Duty Nursing	1	5	5.0
Personal Care/PC RN Supv.	90	3,976	44.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	5	213	42.6
TOTAL	XXXXXXX	15,404	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.5%	Medicare 55.0%
4 to 24 2.5	Medicaid 21.4
25 to 54 16.4	Other Federal 0.0
55 to 64 10.5	State Funds 0.0
65 to 74 18.1	Private Insurance 16.4
75 to 84 28.6	Self Pay 7.1
85 & over 21.4	Other 0.0
	TOTAL PATIENTS 238

Males 60.9% Females 39.1 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.4%	Digestive Disorders 6.7%
Cancer 5.0	Genitourinary Sys. 1.3
Diabetes 7.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 6.3
Dementia/Alzheimers 0.4	Osteopathies 1.3
Psychoses/Neuroses 0.0	Perinatal Period 0.4
Central Nervous Sys. 5.0	Ill-Defined Cond. 2.9
Paralysis/CP 4.2	Fractures 6.3
Cardiovascular 24.8	Wounds, Burns 8.8
Stroke 5.9	Compl. of Surgery 2.1
Respiratory 2.5	Other Conditions 8.0

REVENUE

Billings \$	959,927
Disallowances	55,404
Collections	904,523
Other	3,189
Total	907,712

EXPENSES

Total \$	1,222,282
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	6.6
Licensed Practical Nurses	0.9
Home Health Aides	9.8
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	1.0
Other Therapeutic Staff	0.1
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.8
TOTAL FTES	26.4

Woodside Home Health Agency

1031 Anderson Drive, 307A
Green Bay WI 54304

Brown County

COUNTIES SERVED

Brown

(920) 499-0975

License Number: 311

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 25

Number of unduplicated patients in 2001 = 42

TOTAL NUMBER OF ADMISSIONS 30**PERCENT ADMISSIONS FROM:**

Private Residences	83.3%
General Hospitals	13.3
Nursing Homes	0.0
Other	3.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 24

PERCENT DISCHARGES TO:

Private Residences	33.3%
General Hospitals	8.3
Nursing Homes	29.2
Deaths	25.0
Other	4.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	22	3,324	151.1
Home Health Aide	16	4,754	297.1
Physical Therapy	3	5	1.7
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	44	4,336	98.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,419	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	9.0%
4 to 24	14.3	Medicaid	25.4
25 to 54	21.4	Other Federal	0.0
55 to 64	14.3	State Funds	10.4
65 to 74	11.9	Private Insurance	3.0
75 to 84	21.4	Self Pay	52.2
85 & over	16.7	Other	0.0
		TOTAL PATIENTS	67

Males 38.1% Females 61.9 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	2.4%
Cancer	19.0	Genitourinary Sys.	0.0
Diabetes	7.1	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	4.8
Dementia/Alzheimers	2.4	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	2.4	Ill-Defined Cond.	2.4
Paralysis/CP	28.6	Fractures	2.4
Cardiovascular	0.0	Wounds, Burns	4.8
Stroke	7.1	Compl. of Surgery	0.0
Respiratory	2.4	Other Conditions	14.3

REVENUE

Billings	\$	553,598
Disallowances		5,575
Collections		548,023
Other		2,530
Total		550,553

EXPENSES

Total	\$	545,059
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	1.4
Licensed Practical Nurses	1.0
Home Health Aides	7.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.1
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	16.7

Burnett County DHHS

7410 County Road K, #280
Siren WI 54872

Burnett County

COUNTIES SERVED

Burnett

(715) 349-7600

License Number: 41
Ownership of Agency: County
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 6
Number of unduplicated patients in 2001 = 94

TOTAL NUMBER OF ADMISSIONS 84

PERCENT ADMISSIONS FROM:

Private Residences 29.8%
General Hospitals 48.8
Nursing Homes 20.2
Other 1.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 92

PERCENT DISCHARGES TO:

Private Residences 67.4%
General Hospitals 8.7
Nursing Homes 6.5
Deaths 2.2
Other 15.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	94	952	10.1
Home Health Aide	50	1,452	29.0
Physical Therapy	32	177	5.5
Spch/Occ/Resp Therapy	6	19	3.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,600	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.1%	Medicare 58.2%
4 to 24 1.1	Medicaid 8.2
25 to 54 19.1	Other Federal 6.1
55 to 64 4.3	State Funds 5.1
65 to 74 20.2	Private Insurance 12.2
75 to 84 33.0	Self Pay 10.2
85 & over 21.3	Other 0.0
	TOTAL PATIENTS 98

Males 44.7% Females 55.3 %

PRIMARY DIAGNOSIS

Infectious Disorders 2.1%	Digestive Disorders 5.3%
Cancer 5.3	Genitourinary Sys. 4.3
Diabetes 3.2	Preg. & Childbirth 0.0
Diseases of Blood 1.1	Arthropathies 16.0
Dementia/Alzheimers 2.1	Osteopathies 2.1
Psychoses/Neuroses 4.3	Perinatal Period 0.0
Central Nervous Sys. 8.5	Ill-Defined Cond. 3.2
Paralysis/CP 0.0	Fractures 4.3
Cardiovascular 12.8	Wounds, Burns 3.2
Stroke 6.4	Compl. of Surgery 3.2
Respiratory 4.3	Other Conditions 8.5

REVENUE

Billings \$	192,239
Disallowances	26,192
Collections	166,047
Other	6,248
Total	172,295

EXPENSES

Total \$	261,734
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STAFFING**FTES**

Administrators	0.7
Reg. Nurse Supervisors	0.0
Registered Nurses	1.9
Licensed Practical Nurses	0.0
Home Health Aides	1.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.7
TOTAL FTES	4.4

Calumet County Health Department/HHC Agency

206 Court Street, Courthouse

Chilton WI 53014

Calumet County

(920) 849-1424

COUNTIES SERVED

Brown

Calumet

Fond du Lac

Manitowoc

Outagamie

License Number: 42

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 26

Number of unduplicated patients in 2001 = 166

TOTAL NUMBER OF ADMISSIONS 122**PERCENT ADMISSIONS FROM:**

Private Residences 50.8%

General Hospitals 31.1

Nursing Homes 14.8

Other 3.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 122

PERCENT DISCHARGES TO:

Private Residences 59.0%

General Hospitals 21.3

Nursing Homes 9.8

Deaths 3.3

Other 6.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	144	2,010	14.0
Home Health Aide	87	3,025	34.8
Physical Therapy	21	147	7.0
Spch/Occ/Resp Therapy	14	138	9.9
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	49	1,952	39.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,272	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	52.4%
4 to 24	1.8	Medicaid	15.2
25 to 54	2.4	Other Federal	12.4
55 to 64	6.6	State Funds	0.0
65 to 74	16.3	Private Insurance	7.6
75 to 84	41.0	Self Pay	12.4
85 & over	31.9	Other	0.0
		TOTAL PATIENTS	210

Males 38.6% Females 61.4 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.2%	Digestive Disorders	1.8%
Cancer	4.8	Genitourinary Sys.	2.4
Diabetes	4.2	Preg. & Childbirth	0.0
Diseases of Blood	0.6	Arthropathies	8.4
Dementia/Alzheimers	2.4	Osteopathies	2.4
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	0.6	Ill-Defined Cond.	9.0
Paralysis/CP	0.0	Fractures	9.6
Cardiovascular	25.3	Wounds, Burns	6.0
Stroke	4.2	Compl. of Surgery	0.0
Respiratory	7.8	Other Conditions	9.0

REVENUE

Billings	\$	431,563
Disallowances		-36,031
Collections		467,594
Other		14,746
Total		482,340

EXPENSES

Total	\$	488,911
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STAFFING**FTES**

Administrators 0.1

Reg. Nurse Supervisors 0.9

Registered Nurses 3.0

Licensed Practical Nurses 0.0

Home Health Aides 3.8

Physical Therapists 0.0

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 1.0

Homemakers 0.0

Other Staff 1.5

TOTAL FTES 10.3

Calumet Medical Center Health Care Services

451 East Brooklyn, Suite 5
Chilton WI 53014

Calumet County

(920) 849-7505

COUNTIES SERVED

Calumet
Fond du Lac
Manitowoc
Sheboygan

License Number: 174

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 18

Number of unduplicated patients in 2001 = 228

TOTAL NUMBER OF ADMISSIONS 228

PERCENT ADMISSIONS FROM:

Private Residences	31.1%
General Hospitals	34.6
Nursing Homes	1.8
Other	32.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 196

PERCENT DISCHARGES TO:

Private Residences	72.4%
General Hospitals	8.2
Nursing Homes	5.6
Deaths	5.1
Other	8.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	155	1,876	12.1
Home Health Aide	56	2,268	40.5
Physical Therapy	31	203	6.5
Spch/Occ/Resp Therapy	21	97	4.6
Medical Social Service	13	45	3.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	68	1,564	23.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	59	3,971	67.3
TOTAL	XXXXXXX	10,024	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.4%	Medicare	46.9%
4 to 24	2.2	Medicaid	10.1
25 to 54	11.4	Other Federal	0.0
55 to 64	7.9	State Funds	12.3
65 to 74	14.5	Private Insurance	11.4
75 to 84	30.7	Self Pay	19.3
85 & over	32.9	Other	0.0
		TOTAL PATIENTS	228

Males 49.6% Females 50.4 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.4%
Cancer	8.8	Genitourinary Sys.	1.3
Diabetes	3.1	Preg. & Childbirth	0.0
Diseases of Blood	0.4	Arthropathies	7.0
Dementia/Alzheimers	0.9	Osteopathies	0.9
Psychoses/Neuroses	1.3	Perinatal Period	0.4
Central Nervous Sys.	3.5	Ill-Defined Cond.	6.6
Paralysis/CP	0.9	Fractures	2.6
Cardiovascular	16.2	Wounds, Burns	1.3
Stroke	4.4	Compl. of Surgery	0.9
Respiratory	6.1	Other Conditions	32.9

REVENUE

Billings	\$	519,842
Disallowances		120,226
Collections		399,616
Other		0
Total		399,616

EXPENSES

Total	\$	451,260
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STAFFING**FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.9
Registered Nurses	3.4
Licensed Practical Nurses	0.0
Home Health Aides	1.1
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	1.4
Homemakers	3.3
Other Staff	1.7
TOTAL FTES	12.4

Chippewa County Department of Public Health
 711 Bridge Street, Room 222
 Chippewa Falls WI 54729 Chippewa County

COUNTIES SERVED
 Chippewa

(715) 726-7900

License Number: 43
 Ownership of Agency: County
 Title 18 (Medicare) certified? Yes
 Title 19 (Medicaid) certified? Yes
 Affiliated with a hospital? No
 Number of patients visited on 12/6/2001 = 44
 Number of unduplicated patients in 2001 = 327

TOTAL NUMBER OF ADMISSIONS 238

PERCENT ADMISSIONS FROM:

Private Residences	58.8%
General Hospitals	20.6
Nursing Homes	20.2
Other	0.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 231

PERCENT DISCHARGES TO:

Private Residences	66.7%
General Hospitals	5.6
Nursing Homes	19.9
Deaths	7.4
Other	0.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	295	3,966	13.4
Home Health Aide	152	5,364	35.3
Physical Therapy	58	359	6.2
Spch/Occ/Resp Therapy	18	111	6.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	174	6,160	35.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	15,960	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.6%	Medicare	53.8%
4 to 24	1.2	Medicaid	29.6
25 to 54	10.7	Other Federal	1.1
55 to 64	5.2	State Funds	0.0
65 to 74	19.9	Private Insurance	8.8
75 to 84	34.3	Self Pay	6.3
85 & over	28.1	Other	0.3
		TOTAL PATIENTS	351

Males 34.3% Females 65.7 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	4.0%
Cancer	0.0	Genitourinary Sys.	1.8
Diabetes	0.0	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	22.0
Dementia/Alzheimers	0.0	Osteopathies	0.3
Psychoses/Neuroses	0.3	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	23.9
Paralysis/CP	0.0	Fractures	0.0
Cardiovascular	15.9	Wounds, Burns	9.2
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	7.6	Other Conditions	15.0

REVENUE

Billings	\$ 1,034,711
Disallowances	132,919
Collections	901,792
Other	0
Total	901,792

EXPENSES

Total	\$ 891,509
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STAFFING

FTEs

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.6
Licensed Practical Nurses	0.0
Home Health Aides	5.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.5
Homemakers	0.0
Other Staff	4.0
TOTAL FTEs	20.4

St. Joseph's Hospital Home Health Agency

2661 County Highway I
Chippewa Falls WI 54729 Chippewa County

(715) 726-3485

License Number: 158
Ownership of Agency: Nonprofit Church
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 38
Number of unduplicated patients in 2001 = 631

COUNTIES SERVED

Barron
Buffalo
Chippewa
Clark
Dunn
Eau Claire
Pepin
Trempealeau

TOTAL NUMBER OF ADMISSIONS 740

PERCENT ADMISSIONS FROM:

Private Residences 22.6%
General Hospitals 51.2
Nursing Homes 13.1
Other 13.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 741

PERCENT DISCHARGES TO:

Private Residences 58.6%
General Hospitals 10.0
Nursing Homes 7.3
Deaths 3.1
Other 21.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	453	5,562	12.3
Home Health Aide	135	4,689	34.7
Physical Therapy	211	2,002	9.5
Spch/Occ/Resp Therapy	94	530	5.6
Medical Social Service	64	151	2.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,934	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	1.7%	Medicare	65.0%
4 to 24	4.0	Medicaid	9.8
25 to 54	14.9	Other Federal	0.3
55 to 64	12.2	State Funds	5.9
65 to 74	15.2	Private Insurance	16.8
75 to 84	29.2	Self Pay	0.7
85 & over	22.8	Other	1.6
		TOTAL PATIENTS	766

Males 36.9% Females 63.1 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.6%	Digestive Disorders	3.2%
Cancer	8.1	Genitourinary Sys.	3.6
Diabetes	4.8	Preg. & Childbirth	0.5
Diseases of Blood	0.5	Arthropathies	11.3
Dementia/Alzheimers	0.0	Osteopathies	1.6
Psychoses/Neuroses	0.2	Perinatal Period	0.3
Central Nervous Sys.	1.9	Ill-Defined Cond.	6.8
Paralysis/CP	1.9	Fractures	6.3
Cardiovascular	14.7	Wounds, Burns	3.8
Stroke	3.2	Compl. of Surgery	4.9
Respiratory	9.7	Other Conditions	12.2

REVENUE

Billings	\$ 1,479,635
Disallowances	242,712
Collections	1,236,923
Other	18,931
Total	1,255,854

EXPENSES

Total	\$ 1,713,786
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STAFFING**FTES**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	9.5
Licensed Practical Nurses	0.0
Home Health Aides	4.5
Physical Therapists	3.0
Occupational Therapists	0.5
Speech Pathologists	0.5
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.0
TOTAL FTES	24.2

Clark County Home Care Agency

517 Court Street, Room 105
Neillsville WI 54456

Clark County

COUNTIES SERVED

Clark

(715) 743-5105

License Number: 44

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 3

Number of unduplicated patients in 2001 = 108

TOTAL NUMBER OF ADMISSIONS 91**PERCENT ADMISSIONS FROM:**

Private Residences	2.2%
General Hospitals	58.2
Nursing Homes	13.2
Other	26.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 109

PERCENT DISCHARGES TO:

Private Residences	68.8%
General Hospitals	12.8
Nursing Homes	11.9
Deaths	0.0
Other	6.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	96	1,318	13.7
Home Health Aide	45	1,198	26.6
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	14	16	1.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,532	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 83.3%
4 to 24 0.0	Medicaid 12.5
25 to 54 8.3	Other Federal 0.0
55 to 64 3.7	State Funds 0.0
65 to 74 13.0	Private Insurance 3.3
75 to 84 42.6	Self Pay 0.8
85 & over 31.5	Other 0.0
	TOTAL PATIENTS 120

Males 35.2% Females 64.8 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 3.7%
Cancer 10.2	Genitourinary Sys. 1.9
Diabetes 7.4	Preg. & Childbirth 0.0
Diseases of Blood 2.8	Arthropathies 11.1
Dementia/Alzheimers 1.9	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.9
Central Nervous Sys. 2.8	Ill-Defined Cond. 2.8
Paralysis/CP 2.8	Fractures 5.6
Cardiovascular 15.7	Wounds, Burns 12.0
Stroke 0.9	Compl. of Surgery 0.9
Respiratory 7.4	Other Conditions 9.3

REVENUE

Billings \$	250,249
Disallowances	3,303
Collections	246,946
Other	169
Total	247,115

EXPENSES

Total \$	267,534
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STAFFING**FTEs**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.3
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTEs	5.1

Memorial Hospital, Inc.

216 Sunset Place
Neillsville WI 54456

Clark County

COUNTIES SERVED

Clark

(715) 743-3101

License Number: 146

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 5

Number of unduplicated patients in 2001 = 41

TOTAL NUMBER OF ADMISSIONS 36**PERCENT ADMISSIONS FROM:**

Private Residences	36.1%
General Hospitals	38.9
Nursing Homes	25.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 33

PERCENT DISCHARGES TO:

Private Residences	54.5%
General Hospitals	15.2
Nursing Homes	21.2
Deaths	6.1
Other	3.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	41	693	16.9
Home Health Aide	18	695	38.6
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,388	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	92.7%
4 to 24	0.0	Medicaid	0.0
25 to 54	0.0	Other Federal	0.0
55 to 64	4.9	State Funds	0.0
65 to 74	14.6	Private Insurance	4.9
75 to 84	29.3	Self Pay	2.4
85 & over	51.2	Other	0.0
		TOTAL PATIENTS	41

Males 24.4% Females 75.6 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	9.8	Genitourinary Sys.	2.4
Diabetes	12.2	Preg. & Childbirth	0.0
Diseases of Blood	2.4	Arthropathies	4.9
Dementia/Alzheimers	0.0	Osteopathies	2.4
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	0.0
Paralysis/CP	0.0	Fractures	14.6
Cardiovascular	22.0	Wounds, Burns	17.1
Stroke	2.4	Compl. of Surgery	0.0
Respiratory	9.8	Other Conditions	0.0

REVENUE

Billings	\$	112,183
Disallowances		-31,685
Collections		143,868
Other		0
Total		143,868

EXPENSES

Total	\$	149,451
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.4
Licensed Practical Nurses	0.0
Home Health Aides	0.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
TOTAL FTES	3.0

Divine Savior Home Care

128 Eastridge Drive, Suite 100
Portage WI 53901

Columbia County

(608) 745-6400

License Number: 328

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 24

Number of unduplicated patients in 2001 = 309

COUNTIES SERVED

Adams
Columbia
Green Lake
Juneau
Marquette
Sauk

TOTAL NUMBER OF ADMISSIONS 309

PERCENT ADMISSIONS FROM:

Private Residences	19.4%
General Hospitals	63.1
Nursing Homes	13.3
Other	4.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 318

PERCENT DISCHARGES TO:

Private Residences	72.6%
General Hospitals	4.1
Nursing Homes	8.5
Deaths	5.3
Other	9.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	309	2,731	8.8
Home Health Aide	73	771	10.6
Physical Therapy	179	1,043	5.8
Spch/Occ/Resp Therapy	59	306	5.2
Medical Social Service	1	2	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,853	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.3%	Medicare	83.2%
4 to 24	0.0	Medicaid	3.2
25 to 54	8.4	Other Federal	0.0
55 to 64	8.1	State Funds	0.0
65 to 74	21.4	Private Insurance	11.3
75 to 84	29.1	Self Pay	1.9
85 & over	32.7	Other	0.3
		TOTAL PATIENTS	309

Males 33.7% Females 66.3 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.3%	Digestive Disorders	4.9%
Cancer	5.8	Genitourinary Sys.	5.2
Diabetes	5.2	Preg. & Childbirth	0.0
Diseases of Blood	1.0	Arthropathies	20.7
Dementia/Alzheimers	0.3	Osteopathies	1.9
Psychoses/Neuroses	0.3	Perinatal Period	0.0
Central Nervous Sys.	0.6	Ill-Defined Cond.	2.3
Paralysis/CP	0.0	Fractures	11.3
Cardiovascular	16.5	Wounds, Burns	4.2
Stroke	3.6	Compl. of Surgery	0.3
Respiratory	9.7	Other Conditions	5.8

REVENUE

Billings	\$	495,177
Disallowances		11,640
Collections		483,537
Other		0
Total		483,537

EXPENSES

Total	\$	414,166
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.8
Licensed Practical Nurses	1.0
Home Health Aides	1.3
Physical Therapists	1.3
Occupational Therapists	0.5
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
TOTAL FTES	8.4

Prairie du Chien Memorial Hospital Home Health
 705 East Taylor
 Prairie du Chien WI 53821 Crawford County

COUNTIES SERVED
 Crawford
 Grant

(608) 357-2262

License Number: 46
 Ownership of Agency: Nonprofit Corporation
 Title 18 (Medicare) certified? Yes
 Title 19 (Medicaid) certified? Yes
 Affiliated with a hospital? No
 Number of patients visited on 12/6/2001 = 16
 Number of unduplicated patients in 2001 = 262

TOTAL NUMBER OF ADMISSIONS 274

PERCENT ADMISSIONS FROM:

Private Residences	1.1%
General Hospitals	73.4
Nursing Homes	3.6
Other	21.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 277

PERCENT DISCHARGES TO:

Private Residences	74.0%
General Hospitals	9.7
Nursing Homes	4.3
Deaths	3.6
Other	8.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	261	3,929	15.1
Home Health Aide	79	1,278	16.2
Physical Therapy	46	177	3.8
Spch/Occ/Resp Therapy	21	165	7.9
Medical Social Service	7	25	3.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,574	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	5.7%	Medicare	82.8%
4 to 24	0.4	Medicaid	5.6
25 to 54	6.9	Other Federal	0.0
55 to 64	5.7	State Funds	0.0
65 to 74	20.2	Private Insurance	11.2
75 to 84	35.9	Self Pay	0.0
85 & over	25.2	Other	0.4
		TOTAL PATIENTS	267

Males 42.4% Females 57.6 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	2.7%
Cancer	7.6	Genitourinary Sys.	3.8
Diabetes	4.6	Preg. & Childbirth	0.4
Diseases of Blood	1.9	Arthropathies	10.7
Dementia/Alzheimers	0.0	Osteopathies	2.3
Psychoses/Neuroses	0.4	Perinatal Period	5.3
Central Nervous Sys.	0.0	Ill-Defined Cond.	3.4
Paralysis/CP	0.0	Fractures	4.6
Cardiovascular	26.7	Wounds, Burns	1.5
Stroke	3.4	Compl. of Surgery	1.9
Respiratory	8.0	Other Conditions	10.7

REVENUE

Billings	\$	939,149
Disallowances		227,247
Collections		711,902
Other		0
Total		711,902

EXPENSES

Total	\$	856,751
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STAFFING

FTES

Administrators	0.1
Reg. Nurse Supervisors	1.5
Registered Nurses	6.1
Licensed Practical Nurses	0.0
Home Health Aides	2.5
Physical Therapists	0.1
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.1
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.5
TOTAL FTES	12.9

Catalyst, Inc.

222 North Midvale Boulevard, Suite 3
 Madison WI 53705 Dane County

COUNTIES SERVED

Dane
 Rock

(608) 238-8119

License Number: 316

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 10

Number of unduplicated patients in 2001 = 28

TOTAL NUMBER OF ADMISSIONS 5

PERCENT ADMISSIONS FROM:

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 5

PERCENT DISCHARGES TO:

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	0	0	0.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	1	1	1.0
Personal Care/PC RN Supv.	52	5,473	105.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,474	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 10.7%	Medicare 0.0%
4 to 24 89.3	Medicaid 100.0
25 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 0.0
75 to 84 0.0	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 28

Males 46.4% Females 53.6 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 3.6
Psychoses/Neuroses 25.0	Perinatal Period 3.6
Central Nervous Sys. 3.6	Ill-Defined Cond. 7.1
Paralysis/CP 28.6	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 3.6	Other Conditions 25.0

REVENUE

Billings \$	479,043
Disallowances	55,040
Collections	424,003
Other	0
Total	424,003

EXPENSES

Total \$	446,493
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.3
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	13.6
Homemakers	0.0
Other Staff	0.3
TOTAL FTES	15.1

Home Health United-VNS

4801 Hayes Road
Madison WI 53704

Dane County

(608) 242-1516

License Number: 176

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 225

Number of unduplicated patients in 2001 = 3,726

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	3,726	46,167	12.4
Home Health Aide	1,094	27,924	25.5
Physical Therapy	2,006	15,993	8.0
Spch/Occ/Resp Therapy	924	6,183	6.7
Medical Social Service	964	2,347	2.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	14	585	41.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	99,199	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 74.7%
4 to 24 2.2	Medicaid 4.3
25 to 54 12.6	Other Federal 0.0
55 to 64 9.5	State Funds 0.0
65 to 74 18.2	Private Insurance 20.2
75 to 84 33.2	Self Pay 0.8
85 & over 23.3	Other 0.0
	TOTAL PATIENTS 3,766

Males 39.8%	Females 60.2 %	PRIMARY DIAGNOSIS
		Infectious Disorders 0.9%
		Cancer 7.6
		Diabetes 4.7
		Diseases of Blood 1.2
		Dementia/Alzheimers 0.6
		Psychoses/Neuroses 0.8
		Central Nervous Sys. 2.7
		Paralysis/CP 0.8
		Cardiovascular 16.4
		Stroke 3.4
		Respiratory 6.0
		Digestive Disorders 5.5%
		Genitourinary Sys. 2.6
		Preg. & Childbirth 0.2
		Arthropathies 23.1
		Osteopathies 1.3
		Perinatal Period 0.2
		Ill-Defined Cond. 3.9
		Fractures 7.6
		Wounds, Burns 4.0
		Compl. of Surgery 1.3
		Other Conditions 5.3

COUNTIES SERVED

Ashland
Columbia
Dane
Dodge
Grant
Green
Green Lake
Iowa
Jefferson
Juneau
Marquette
Monroe
Richland
Rock
Sauk
Vernon
Walworth

TOTAL NUMBER OF ADMISSIONS 3,695

PERCENT ADMISSIONS FROM:

Private Residences	0.2%
General Hospitals	85.6
Nursing Homes	14.0
Other	0.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 3,651

PERCENT DISCHARGES TO:

Private Residences	77.3%
General Hospitals	3.3
Nursing Homes	4.8
Deaths	4.3
Other	10.3

STAFFING FTES

Administrators	8.0
Reg. Nurse Supervisors	8.0
Registered Nurses	59.8
Licensed Practical Nurses	2.6
Home Health Aides	31.1
Physical Therapists	14.8
Occupational Therapists	4.9
Speech Pathologists	0.4
Respiratory Therapists	7.0
Medical Social Workers	6.4
Other Therapeutic Staff	2.8
Personal Care Workers	0.0
Homemakers	2.7
Other Staff	26.8
TOTAL FTES	175.2

REVENUE

Billings	\$ 10,612,370
Disallowances	2,085,201
Collections	8,527,169
Other	566,333
Total	9,093,502

EXPENSES

Total	\$ 9,948,654
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Independent Health Care, Inc.

815 Forward Drive
Madison WI 53711

Dane County

COUNTIES SERVED

Dane

(608) 274-2097

License Number: 294

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 6

Number of unduplicated patients in 2001 = 98

TOTAL NUMBER OF ADMISSIONS 89**PERCENT ADMISSIONS FROM:**

Private Residences	23.6%
General Hospitals	31.5
Nursing Homes	34.8
Other	10.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 96

PERCENT DISCHARGES TO:

Private Residences	58.3%
General Hospitals	6.3
Nursing Homes	5.2
Deaths	3.1
Other	27.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	94	1,626	17.3
Home Health Aide	44	1,223	27.8
Physical Therapy	76	958	12.6
Spch/Occ/Resp Therapy	45	331	7.4
Medical Social Service	10	15	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	4	105	26.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,258	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	91.1%
4 to 24	0.0	Medicaid	0.0
25 to 54	5.1	Other Federal	0.0
55 to 64	3.1	State Funds	1.0
65 to 74	13.3	Private Insurance	4.0
75 to 84	46.9	Self Pay	4.0
85 & over	31.6	Other	0.0
		TOTAL PATIENTS	101

Males 31.6% Females 68.4 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	3.1%
Cancer	0.0	Genitourinary Sys.	2.0
Diabetes	4.1	Preg. & Childbirth	0.0
Diseases of Blood	1.0	Arthropathies	16.3
Dementia/Alzheimers	0.0	Osteopathies	1.0
Psychoses/Neuroses	2.0	Perinatal Period	0.0
Central Nervous Sys.	3.1	Ill-Defined Cond.	15.3
Paralysis/CP	0.0	Fractures	13.3
Cardiovascular	11.2	Wounds, Burns	8.2
Stroke	5.1	Compl. of Surgery	0.0
Respiratory	8.2	Other Conditions	6.1

REVENUE

Billings	\$	423,188
Disallowances		2,357
Collections		420,831
Other		339
Total		421,170

EXPENSES

Total	\$	398,403
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STAFFING**FTES**

Administrators	1.3
Reg. Nurse Supervisors	0.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	0.5
Physical Therapists	0.3
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.1
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.8
TOTAL FTES	6.1

Interim Healthcare of Madison

702 North Blackhawk Avenue, #200

Madison WI 53705

Dane County

COUNTIES SERVED

Dane

(608) 238-0268

License Number: 206

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 42

Number of unduplicated patients in 2001 = 89

TOTAL NUMBER OF ADMISSIONS 50**PERCENT ADMISSIONS FROM:**

Private Residences	24.0%
General Hospitals	56.0
Nursing Homes	16.0
Other	4.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 50

PERCENT DISCHARGES TO:

Private Residences	48.0%
General Hospitals	24.0
Nursing Homes	10.0
Deaths	14.0
Other	4.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	89	9,508	106.8
Home Health Aide	79	6,558	83.0
Physical Therapy	12	279	23.3
Spch/Occ/Resp Therapy	3	53	17.7
Medical Social Service	0	0	0.0
Private Duty Nursing	2	92	46.0
Personal Care/PC RN Supv.	66	3,815	57.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	97	10,269	105.9
TOTAL	XXXXXXX	30,574	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 10.2%
4 to 24 12.4	Medicaid 25.4
25 to 54 15.7	Other Federal 0.8
55 to 64 21.3	State Funds 12.7
65 to 74 23.6	Private Insurance 6.6
75 to 84 20.2	Self Pay 44.3
85 & over 6.7	Other 0.0
	TOTAL PATIENTS 244

Males 34.8% Females 65.2 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 4.5%
Cancer 2.2	Genitourinary Sys. 0.0
Diabetes 9.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 2.2	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 6.7	Ill-Defined Cond. 0.0
Paralysis/CP 13.5	Fractures 0.0
Cardiovascular 16.9	Wounds, Burns 27.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 11.2	Other Conditions 6.7

REVENUE

Billings	\$ 2,324,271
Disallowances	315,288
Collections	2,008,983
Other	0
Total	2,008,983

EXPENSES

Total	\$ 1,940,010
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.0
Licensed Practical Nurses	2.0
Home Health Aides	27.0
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	7.4
Homemakers	13.7
Other Staff	6.0
TOTAL FTES	61.1

Meriter Home Care Agency

309 West Washington Avenue
Madison WI 53703

Dane County

(608) 284-3300

License Number: 222

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 68

Number of unduplicated patients in 2001 = 1,384

COUNTIES SERVED

Columbia

Dane

Dodge

Green

Iowa

Jefferson

Rock

Sauk

Waukesha

TOTAL NUMBER OF ADMISSIONS 1,380**PERCENT ADMISSIONS FROM:**

Private Residences 0.7%

General Hospitals 58.7

Nursing Homes 15.7

Other 24.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1,364

PERCENT DISCHARGES TO:

Private Residences 89.7%

General Hospitals 1.5

Nursing Homes 4.0

Deaths 2.0

Other 2.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,022	9,973	9.8
Home Health Aide	273	4,723	17.3
Physical Therapy	886	5,273	6.0
Spch/Occ/Resp Therapy	338	1,611	4.8
Medical Social Service	186	218	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	21,798	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.1%	Medicare 50.6%
4 to 24 2.3	Medicaid 5.0
25 to 54 18.6	Other Federal 1.0
55 to 64 11.6	State Funds 0.0
65 to 74 18.1	Private Insurance 41.7
75 to 84 30.8	Self Pay 1.0
85 & over 17.6	Other 0.7
	TOTAL PATIENTS 1,912

Males 39.3% Females 60.7 %

PRIMARY DIAGNOSIS

Infectious Disorders 2.3%	Digestive Disorders 1.7%
Cancer 6.0	Genitourinary Sys. 2.7
Diabetes 2.6	Preg. & Childbirth 0.5
Diseases of Blood 1.0	Arthropathies 21.5
Dementia/Alzheimers 0.3	Osteopathies 1.5
Psychoses/Neuroses 0.7	Perinatal Period 0.4
Central Nervous Sys. 2.5	Ill-Defined Cond. 12.4
Paralysis/CP 0.4	Fractures 6.6
Cardiovascular 8.3	Wounds, Burns 2.1
Stroke 3.0	Compl. of Surgery 3.5
Respiratory 7.4	Other Conditions 12.5

REVENUE

Billings	\$ 2,385,918
Disallowances	-782,530
Collections	3,168,448
Other	571
Total	3,169,019

EXPENSES

Total	\$ 2,107,627
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STAFFING**FTES**

Administrators	0.4
Reg. Nurse Supervisors	1.0
Registered Nurses	14.9
Licensed Practical Nurses	1.4
Home Health Aides	5.0
Physical Therapists	6.6
Occupational Therapists	1.6
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.0
TOTAL FTES	37.6

University Hospital Home Health Agency

2030 Pinehurst Drive
Middleton WI 53562

Dane County

(608) 203-2273

License Number: 252

Ownership of Agency: State

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 34

Number of unduplicated patients in 2001 = 1,073

COUNTIES SERVED

Columbia

Dane

Dodge

Green

Jefferson

LaFayette

Rock

Sauk

TOTAL NUMBER OF ADMISSIONS 1,106

PERCENT ADMISSIONS FROM:

Private Residences 31.2%

General Hospitals 57.8

Nursing Homes 7.1

Other 4.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1,086

PERCENT DISCHARGES TO:

Private Residences 82.6%

General Hospitals 4.1

Nursing Homes 2.3

Deaths 1.1

Other 9.9

	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
SERVICES PROVIDED			
Skilled Nursing	986	10,022	10.2
Home Health Aide	113	1,208	10.7
Physical Therapy	520	3,010	5.8
Spch/Occ/Resp Therapy	117	344	2.9
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	4	7	1.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,591	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	1.6%	Medicare	49.1%
4 to 24	4.1	Medicaid	4.7
25 to 54	31.2	Other Federal	0.0
55 to 64	17.1	State Funds	0.1
65 to 74	15.8	Private Insurance	40.8
75 to 84	20.7	Self Pay	1.7
85 & over	9.5	Other	3.6
		TOTAL PATIENTS	1,073

Males 35.6% Females 64.4 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.6%	Digestive Disorders	1.5%
Cancer	17.1	Genitourinary Sys.	2.6
Diabetes	4.5	Preg. & Childbirth	1.1
Diseases of Blood	0.8	Arthropathies	14.3
Dementia/Alzheimers	0.2	Osteopathies	1.6
Psychoses/Neuroses	0.8	Perinatal Period	0.5
Central Nervous Sys.	2.5	Ill-Defined Cond.	4.4
Paralysis/CP	0.7	Fractures	6.1
Cardiovascular	11.6	Wounds, Burns	2.2
Stroke	1.6	Compl. of Surgery	3.5
Respiratory	5.6	Other Conditions	15.3

REVENUE

Billings	\$	1,932,436
Disallowances		472,000
Collections		1,460,436
Other		0
Total		1,460,436

EXPENSES

Total	\$	1,745,769
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STAFFING**FTES**

Administrators	0.3
Reg. Nurse Supervisors	1.0
Registered Nurses	13.0
Licensed Practical Nurses	2.5
Home Health Aides	1.5
Physical Therapists	4.0
Occupational Therapists	0.6
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.8
TOTAL FTES	26.7

Stoughton Hospital Home Health United

900 Ridge Street
Stoughton WI 53589

Dane County

(608) 873-2366

COUNTIES SERVED

Dane
Green
Jefferson
Rock

License Number: 341
Ownership of Agency: Nonprofit Association
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 15
Number of unduplicated patients in 2001 = 395

TOTAL NUMBER OF ADMISSIONS 381

PERCENT ADMISSIONS FROM:

Private Residences 3.7%
General Hospitals 73.5
Nursing Homes 18.4
Other 4.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 399

PERCENT DISCHARGES TO:

Private Residences 76.4%
General Hospitals 2.3
Nursing Homes 3.3
Deaths 3.0
Other 15.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	395	3,865	9.8
Home Health Aide	114	1,748	15.3
Physical Therapy	253	2,371	9.4
Spch/Occ/Resp Therapy	63	425	6.7
Medical Social Service	75	134	1.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,543	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	79.6%
4 to 24	1.5	Medicaid	1.8
25 to 54	10.4	Other Federal	0.0
55 to 64	8.1	State Funds	0.0
65 to 74	21.3	Private Insurance	18.4
75 to 84	34.7	Self Pay	0.3
85 & over	24.1	Other	0.0
		TOTAL PATIENTS	397

Males 37.5% Females 62.5 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.3%	Digestive Disorders	4.1%
Cancer	5.1	Genitourinary Sys.	1.8
Diabetes	4.6	Preg. & Childbirth	0.0
Diseases of Blood	0.5	Arthropathies	27.1
Dementia/Alzheimers	0.0	Osteopathies	2.3
Psychoses/Neuroses	0.8	Perinatal Period	0.0
Central Nervous Sys.	1.3	Ill-Defined Cond.	6.6
Paralysis/CP	0.5	Fractures	7.8
Cardiovascular	17.5	Wounds, Burns	2.0
Stroke	3.5	Compl. of Surgery	2.3
Respiratory	6.3	Other Conditions	5.8

REVENUE

Billings	\$ 1,226,367
Disallowances	199,579
Collections	1,026,788
Other	0
Total	1,026,788

EXPENSES

Total	\$ 795,099
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	4.6
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	1.9
Occupational Therapists	0.5
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	12.5

Hillside Home Health

709 South University Avenue
Beaver Dam WI 53916

Dodge County

(920) 887-4050

COUNTIES SERVED

Columbia
Dane
Dodge
Fond du Lac
Jefferson

License Number: 188
Ownership of Agency: Nonprofit Private
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 26
Number of unduplicated patients in 2001 = 611

TOTAL NUMBER OF ADMISSIONS 639

PERCENT ADMISSIONS FROM:

Private Residences	41.6%
General Hospitals	55.2
Nursing Homes	3.1
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 647

PERCENT DISCHARGES TO:

Private Residences	83.6%
General Hospitals	0.8
Nursing Homes	10.2
Deaths	1.9
Other	3.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	583	5,583	9.6
Home Health Aide	176	2,444	13.9
Physical Therapy	144	726	5.0
Spch/Occ/Resp Therapy	54	330	6.1
Medical Social Service	15	24	1.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	9,107	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 7.7%	Medicare 76.9%
4 to 24 1.3	Medicaid 4.7
25 to 54 6.9	Other Federal 0.0
55 to 64 7.9	State Funds 0.0
65 to 74 17.0	Private Insurance 18.2
75 to 84 37.3	Self Pay 0.2
85 & over 21.9	Other 0.0
	TOTAL PATIENTS 611

Males 44.5% Females 55.5 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.5%	Digestive Disorders 6.5%
Cancer 9.5	Genitourinary Sys. 4.1
Diabetes 4.3	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 11.1
Dementia/Alzheimers 0.2	Osteopathies 1.6
Psychoses/Neuroses 0.2	Perinatal Period 7.0
Central Nervous Sys. 2.1	Ill-Defined Cond. 2.3
Paralysis/CP 0.5	Fractures 7.7
Cardiovascular 19.5	Wounds, Burns 2.1
Stroke 1.5	Compl. of Surgery 2.0
Respiratory 10.0	Other Conditions 6.7

REVENUE

Billings \$	962,373
Disallowances	-141,005
Collections	1,103,378
Other	0
Total	1,103,378

EXPENSES

Total \$	1,040,239
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.9
Registered Nurses	7.2
Licensed Practical Nurses	0.0
Home Health Aides	2.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.2
TOTAL FTES	17.1

Marquardt Memorial Manor, Inc.

1020 Hill Street
Watertown WI 53098

Dodge County

COUNTIES SERVED

Dane
Dodge
Jefferson

(920) 261-7108

License Number: 134

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 18

Number of unduplicated patients in 2001 = 152

TOTAL NUMBER OF ADMISSIONS 153

PERCENT ADMISSIONS FROM:

Private Residences	47.7%
General Hospitals	11.8
Nursing Homes	32.7
Other	7.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 122

PERCENT DISCHARGES TO:

Private Residences	79.5%
General Hospitals	8.2
Nursing Homes	9.8
Deaths	2.5
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	118	2,195	18.6
Home Health Aide	78	1,564	20.1
Physical Therapy	78	340	4.4
Spch/Occ/Resp Therapy	23	151	6.6
Medical Social Service	3	51	17.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	19	3,693	194.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	42	539	12.8
TOTAL	XXXXXXX	8,533	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	74.5%
4 to 24	0.0	Medicaid	6.1
25 to 54	2.6	Other Federal	0.0
55 to 64	2.6	State Funds	0.5
65 to 74	9.9	Private Insurance	0.5
75 to 84	32.2	Self Pay	18.4
85 & over	52.6	Other	0.0
		TOTAL PATIENTS	212

Males 45.4% Females 54.6 %

PRIMARY DIAGNOSIS

Infectious Disorders	3.3%	Digestive Disorders	0.7%
Cancer	3.3	Genitourinary Sys.	6.6
Diabetes	6.6	Preg. & Childbirth	0.0
Diseases of Blood	5.9	Arthropathies	5.3
Dementia/Alzheimers	5.9	Osteopathies	0.7
Psychoses/Neuroses	0.0	Perinatal Period	6.6
Central Nervous Sys.	3.3	Ill-Defined Cond.	7.2
Paralysis/CP	0.7	Fractures	5.3
Cardiovascular	17.1	Wounds, Burns	0.0
Stroke	6.6	Compl. of Surgery	0.0
Respiratory	3.9	Other Conditions	11.2

REVENUE

Billings	\$	415,949
Disallowances		46,841
Collections		369,108
Other		6
Total		369,114

EXPENSES

Total	\$	385,667
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	1.2
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	5.3

Watertown Memorial Hospital-Home Health Program

125 Hospital Drive
Watertown WI 53098

Dodge County

(920) 262-4262

COUNTIES SERVED

Dane
Dodge
Jefferson
Washington
Waukesha

License Number: 165

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 40

Number of unduplicated patients in 2001 = 274

TOTAL NUMBER OF ADMISSIONS 254

PERCENT ADMISSIONS FROM:

Private Residences	36.2%
General Hospitals	55.9
Nursing Homes	4.7
Other	3.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 259

PERCENT DISCHARGES TO:

Private Residences	78.8%
General Hospitals	7.7
Nursing Homes	5.8
Deaths	3.9
Other	3.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	270	2,387	8.8
Home Health Aide	93	811	8.7
Physical Therapy	123	1,294	10.5
Spch/Occ/Resp Therapy	31	114	3.7
Medical Social Service	3	6	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	108	5,195	48.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	29	1,760	60.7
TOTAL	XXXXXXX	11,567	XXXXXX

AGE AND SEX OF PATIENTS

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	9.5%	Medicare	64.1%
4 to 24	0.7	Medicaid	13.1
25 to 54	15.0	Other Federal	0.0
55 to 64	8.0	State Funds	0.0
65 to 74	16.4	Private Insurance	20.7
75 to 84	26.6	Self Pay	2.1
85 & over	23.7	Other	0.0
		TOTAL PATIENTS	290

Males 44.2% Females 55.8 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.8%	Digestive Disorders	3.6%
Cancer	6.6	Genitourinary Sys.	1.8
Diabetes	1.8	Preg. & Childbirth	0.0
Diseases of Blood	0.4	Arthropathies	10.6
Dementia/Alzheimers	0.4	Osteopathies	1.8
Psychoses/Neuroses	1.8	Perinatal Period	6.9
Central Nervous Sys.	3.3	Ill-Defined Cond.	15.0
Paralysis/CP	1.1	Fractures	5.8
Cardiovascular	14.6	Wounds, Burns	0.7
Stroke	4.4	Compl. of Surgery	5.5
Respiratory	3.6	Other Conditions	8.4

REVENUE

Billings	\$	708,372
Disallowances		29,687
Collections		678,685
Other		0
Total		678,685

EXPENSES

Total	\$	794,035
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.8
Licensed Practical Nurses	0.1
Home Health Aides	0.4
Physical Therapists	1.0
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	3.0
Homemakers	3.2
Other Staff	1.0
TOTAL FTES	13.7

Door County Memorial Home Health

1300 Egg Harbor Road, #110
Sturgeon Bay WI 54235

Door County

COUNTIES SERVED

Door
Kewaunee

(920) 743-7983

License Number: 187

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 13

Number of unduplicated patients in 2001 = 296

TOTAL NUMBER OF ADMISSIONS 258**PERCENT ADMISSIONS FROM:**

Private Residences	8.5%
General Hospitals	45.0
Nursing Homes	7.8
Other	38.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 293

PERCENT DISCHARGES TO:

Private Residences	82.3%
General Hospitals	2.4
Nursing Homes	7.8
Deaths	2.7
Other	4.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	264	4,404	16.7
Home Health Aide	90	1,998	22.2
Physical Therapy	94	638	6.8
Spch/Occ/Resp Therapy	39	206	5.3
Medical Social Service	77	228	3.0
Private Duty Nursing	13	106	8.2
Personal Care/PC RN Supv.	52	2,824	54.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,404	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.7%	Medicare	64.2%
4 to 24	1.7	Medicaid	6.4
25 to 54	9.1	Other Federal	0.0
55 to 64	7.4	State Funds	0.0
65 to 74	19.3	Private Insurance	28.0
75 to 84	34.1	Self Pay	1.4
85 & over	27.7	Other	0.0
		TOTAL PATIENTS	296

Males 44.9% Females 55.1 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.7%	Digestive Disorders	6.4%
Cancer	4.4	Genitourinary Sys.	2.7
Diabetes	4.7	Preg. & Childbirth	0.0
Diseases of Blood	3.7	Arthropathies	14.5
Dementia/Alzheimers	1.7	Osteopathies	3.0
Psychoses/Neuroses	2.4	Perinatal Period	0.0
Central Nervous Sys.	1.4	Ill-Defined Cond.	4.4
Paralysis/CP	2.0	Fractures	5.1
Cardiovascular	14.5	Wounds, Burns	1.4
Stroke	5.4	Compl. of Surgery	3.0
Respiratory	8.1	Other Conditions	9.5

REVENUE

Billings	\$	921,742
Disallowances		190,114
Collections		731,628
Other		0
Total		731,628

EXPENSES

Total	\$	990,688
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STAFFING**FTEs**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	3.7
Licensed Practical Nurses	0.0
Home Health Aides	1.6
Physical Therapists	0.3
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.1
Personal Care Workers	2.5
Homemakers	0.0
Other Staff	2.6
TOTAL FTEs	12.6

Douglas County Health Department-HHC

1313 Belknap Street
Superior WI 54880

Douglas County

COUNTIES SERVED

Douglas

(715) 395-1601

License Number: 50

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 23

Number of unduplicated patients in 2001 = 282

TOTAL NUMBER OF ADMISSIONS 270**PERCENT ADMISSIONS FROM:**

Private Residences	6.3%
General Hospitals	43.0
Nursing Homes	1.9
Other	48.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 286

PERCENT DISCHARGES TO:

Private Residences	83.2%
General Hospitals	10.1
Nursing Homes	4.5
Deaths	0.7
Other	1.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	282	3,710	13.2
Home Health Aide	102	1,465	14.4
Physical Therapy	146	1,134	7.8
Spch/Occ/Resp Therapy	87	482	5.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,791	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.4%	Medicare	71.3%
4 to 24	0.0	Medicaid	13.8
25 to 54	5.0	Other Federal	3.2
55 to 64	9.2	State Funds	0.0
65 to 74	18.1	Private Insurance	8.5
75 to 84	44.7	Self Pay	3.2
85 & over	22.7	Other	0.0
		TOTAL PATIENTS	282

Males 27.3% Females 72.7 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.7%	Digestive Disorders	6.7%
Cancer	3.2	Genitourinary Sys.	2.8
Diabetes	2.8	Preg. & Childbirth	0.0
Diseases of Blood	8.2	Arthropathies	5.3
Dementia/Alzheimers	1.4	Osteopathies	1.1
Psychoses/Neuroses	7.8	Perinatal Period	0.4
Central Nervous Sys.	0.0	Ill-Defined Cond.	6.7
Paralysis/CP	0.7	Fractures	5.3
Cardiovascular	27.3	Wounds, Burns	2.1
Stroke	2.5	Compl. of Surgery	0.4
Respiratory	11.0	Other Conditions	3.5

REVENUE

Billings	\$	918,382
Disallowances		166,593
Collections		751,789
Other		117
Total		751,906

EXPENSES

Total	\$	809,540
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.4
Licensed Practical Nurses	0.0
Home Health Aides	2.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.5
TOTAL FTES	13.1

The Dove, Inc.

1416 Cumming Avenue, Suite 2B
Superior WI 54880

Douglas County

COUNTIES SERVED

Douglas

(715) 392-3133

License Number: 172

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 47

Number of unduplicated patients in 2001 = 145

TOTAL NUMBER OF ADMISSIONS 63

PERCENT ADMISSIONS FROM:

Private Residences	17.5%
General Hospitals	54.0
Nursing Homes	15.9
Other	12.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 81

PERCENT DISCHARGES TO:

Private Residences	53.1%
General Hospitals	27.2
Nursing Homes	12.3
Deaths	3.7
Other	3.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	103	2,447	23.8
Home Health Aide	21	1,059	50.4
Physical Therapy	24	101	4.2
Spch/Occ/Resp Therapy	6	19	3.2
Medical Social Service	0	0	0.0
Private Duty Nursing	2	1,243	621.5
Personal Care/PC RN Supv.	142	6,995	49.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	14	1,341	95.8
TOTAL	XXXXXXX	13,205	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	15.5%
4 to 24	6.2	Medicaid	63.8
25 to 54	20.7	Other Federal	1.7
55 to 64	9.0	State Funds	11.5
65 to 74	24.1	Private Insurance	5.7
75 to 84	24.8	Self Pay	1.7
85 & over	15.2	Other	0.0
		TOTAL PATIENTS	174

Males 27.6% Females 72.4 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	2.1	Genitourinary Sys.	0.7
Diabetes	9.0	Preg. & Childbirth	0.0
Diseases of Blood	1.4	Arthropathies	6.2
Dementia/Alzheimers	5.5	Osteopathies	1.4
Psychoses/Neuroses	13.8	Perinatal Period	0.0
Central Nervous Sys.	9.0	Ill-Defined Cond.	4.8
Paralysis/CP	2.8	Fractures	4.1
Cardiovascular	11.7	Wounds, Burns	4.1
Stroke	4.8	Compl. of Surgery	0.0
Respiratory	2.8	Other Conditions	15.9

REVENUE

Billings	\$ 1,118,419
Disallowances	75,369
Collections	1,043,050
Other	0
Total	1,043,050

EXPENSES

Total	\$ 1,060,743
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STAFFING**FTES**

Administrators	0.3
Reg. Nurse Supervisors	3.0
Registered Nurses	4.9
Licensed Practical Nurses	2.5
Home Health Aides	1.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	13.6
Homemakers	0.0
Other Staff	3.5
TOTAL FTES	29.1

Aurora Community Health, Inc.

406 Technology Drive, East, #B
Menomonie WI 54751

Dunn County

(715) 235-4667

License Number: 310

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 98

Number of unduplicated patients in 2001 = 111

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	9	216	24.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	218	85,731	393.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	85,947	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	0.0%
4 to 24	7.2	Medicaid	100.0
25 to 54	70.3	Other Federal	0.0
55 to 64	12.6	State Funds	0.0
65 to 74	7.2	Private Insurance	0.0
75 to 84	2.7	Self Pay	0.0
85 & over	0.0	Other	0.0
		TOTAL PATIENTS	111

Males 53.2% Females 46.8 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	0.0	Genitourinary Sys.	0.0
Diabetes	0.9	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	0.0
Dementia/Alzheimers	0.9	Osteopathies	0.0
Psychoses/Neuroses	2.7	Perinatal Period	0.0
Central Nervous Sys.	1.8	Ill-Defined Cond.	0.0
Paralysis/CP	9.9	Fractures	0.0
Cardiovascular	0.0	Wounds, Burns	0.0
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	0.0	Other Conditions	83.8

COUNTIES SERVED

Barron
Burnett
Clark
Dunn
Eau Claire
Jackson
Pierce
Polk
Rusk
St. Croix
Taylor
Trempealeau
Washburn

TOTAL NUMBER OF ADMISSIONS 5

PERCENT ADMISSIONS FROM:

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	40.0
Other	60.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 11

PERCENT DISCHARGES TO:

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	18.2
Deaths	45.5
Other	36.4

STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	3.0
Registered Nurses	0.0
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.4
TOTAL FTES	5.4

REVENUE

Billings	\$ 3,168,899
Disallowances	0
Collections	3,168,899
Other	0
Total	3,168,899

EXPENSES

Total	\$ 3,128,330
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Dunn County Home Health Center

800 Wilson Avenue
Menomonie WI 54751

Dunn County

COUNTIES SERVED

Dunn

(715) 232-1518

License Number: 51
Ownership of Agency: County
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 8
Number of unduplicated patients in 2001 = 174

TOTAL NUMBER OF ADMISSIONS 136

PERCENT ADMISSIONS FROM:

Private Residences 35.3%
General Hospitals 43.4
Nursing Homes 20.6
Other 0.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 151

PERCENT DISCHARGES TO:

Private Residences 64.9%
General Hospitals 10.6
Nursing Homes 15.9
Deaths 2.6
Other 6.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	174	2,640	15.2
Home Health Aide	62	1,201	19.4
Physical Therapy	29	181	6.2
Spch/Occ/Resp Therapy	13	91	7.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,113	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.6%	Medicare	47.3%
4 to 24	2.9	Medicaid	23.4
25 to 54	14.4	Other Federal	1.0
55 to 64	7.5	State Funds	2.5
65 to 74	13.8	Private Insurance	15.4
75 to 84	34.5	Self Pay	7.0
85 & over	26.4	Other	3.5
		TOTAL PATIENTS	201

Males 56.3% Females 43.7 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	%	PRIMARY DIAGNOSIS	%
Infectious Disorders	0.0%	Digestive Disorders	2.9%
Cancer	7.5	Genitourinary Sys.	4.0
Diabetes	10.3	Preg. & Childbirth	0.6
Diseases of Blood	1.1	Arthropathies	5.7
Dementia/Alzheimers	1.1	Osteopathies	4.0
Psychoses/Neuroses	1.1	Perinatal Period	1.1
Central Nervous Sys.	1.1	Ill-Defined Cond.	3.4
Paralysis/CP	0.6	Fractures	7.5
Cardiovascular	17.2	Wounds, Burns	2.9
Stroke	5.2	Compl. of Surgery	1.7
Respiratory	6.3	Other Conditions	14.4

REVENUE

Billings	\$	485,188
Disallowances		43,027
Collections		442,161
Other		128,593
Total		570,754

EXPENSES

Total	\$	540,887
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STAFFING**FTES**

Administrators	1.8
Reg. Nurse Supervisors	0.0
Registered Nurses	5.9
Licensed Practical Nurses	0.2
Home Health Aides	0.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.6
TOTAL FTES	12.0

Gentiva Health Services

392 Red Cedar Street, Suite 4
Menomonie WI 54751

Dunn County

(715) 235-0180

License Number: 211

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 22

Number of unduplicated patients in 2001 = 87

COUNTIES SERVED

Barron

Buffalo

Chippewa

Dunn

Eau Claire

Pepin

Pierce

Polk

St. Croix

Trempealeau

TOTAL NUMBER OF ADMISSIONS 68

PERCENT ADMISSIONS FROM:

Private Residences 1.5%

General Hospitals 60.3

Nursing Homes 4.4

Other 33.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 59

PERCENT DISCHARGES TO:

Private Residences 94.9%

General Hospitals 0.0

Nursing Homes 5.1

Deaths 0.0

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	84	1,401	16.7
Home Health Aide	8	558	69.8
Physical Therapy	4	28	7.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	40	12,172	304.3
Other Home Health Care	18	36	2.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,195	XXXXXX

AGE AND SEX OF PATIENTS

AGE	SEX	PATIENT REIMBURSEMENT SOURCE
Under 4	0.0%	Medicare 11.2%
4 to 24	14.9	Medicaid 24.5
25 to 54	33.3	Other Federal 0.0
55 to 64	14.9	State Funds 0.0
65 to 74	8.0	Private Insurance 51.0
75 to 84	18.4	Self Pay 13.3
85 & over	10.3	Other 0.0
		TOTAL PATIENTS 98

Males 51.7% Females 48.3 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	PERCENT
Infectious Disorders	0.0%
Cancer	2.3
Diabetes	5.7
Diseases of Blood	0.0
Dementia/Alzheimers	1.1
Psychoses/Neuroses	2.3
Central Nervous Sys.	11.5
Paralysis/CP	0.0
Cardiovascular	16.1
Stroke	0.0
Respiratory	2.3

PRIMARY DIAGNOSIS	PERCENT
Digestive Disorders	3.4%
Genitourinary Sys.	1.1
Preg. & Childbirth	0.0
Arthropathies	6.9
Osteopathies	0.0
Perinatal Period	0.0
Ill-Defined Cond.	1.1
Fractures	5.7
Wounds, Burns	0.0
Compl. of Surgery	3.4
Other Conditions	36.8

REVENUE

Billings	\$ 1,461,614
Disallowances	442,414
Collections	1,019,200
Other	0
Total	1,019,200

EXPENSES

Total	\$ 995,858
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STAFFING**FTES**

Administrators	0.9
Reg. Nurse Supervisors	0.9
Registered Nurses	4.3
Licensed Practical Nurses	2.1
Home Health Aides	8.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.7
TOTAL FTES	18.5

Gentiva Health Services

392 Red Cedar Street, Suite 4
Menomonie WI 54751

Dunn County

(715) 235-8077

License Number: 286

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 6

Number of unduplicated patients in 2001 = 32

COUNTIES SERVED

Chippewa

Dunn

Eau Claire

Pepin

Pierce

St. Croix

TOTAL NUMBER OF ADMISSIONS 15

PERCENT ADMISSIONS FROM:

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	100.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 11

PERCENT DISCHARGES TO:

Private Residences	63.6%
General Hospitals	0.0
Nursing Homes	27.3
Deaths	0.0
Other	9.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	24	2,883	120.1
Home Health Aide	4	142	35.5
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	9	1,958	217.6
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,983	XXXXXX

AGE AND SEX OF PATIENTS**PATIENT REIMBURSEMENT SOURCE**

Under 4	6.3%	Medicare	0.0%
4 to 24	37.5	Medicaid	0.0
25 to 54	12.5	Other Federal	0.0
55 to 64	9.4	State Funds	0.0
65 to 74	0.0	Private Insurance	67.6
75 to 84	21.9	Self Pay	32.4
85 & over	12.5	Other	0.0
		TOTAL PATIENTS	37

Males 43.8% Females 56.3 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	0.0	Genitourinary Sys.	0.0
Diabetes	0.0	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	3.1
Dementia/Alzheimers	3.1	Osteopathies	0.0
Psychoses/Neuroses	6.3	Perinatal Period	0.0
Central Nervous Sys.	31.3	Ill-Defined Cond.	6.3
Paralysis/CP	0.0	Fractures	3.1
Cardiovascular	9.4	Wounds, Burns	0.0
Stroke	12.5	Compl. of Surgery	0.0
Respiratory	3.1	Other Conditions	21.9

REVENUE

Billings	\$	53,007
Disallowances		58
Collections		52,949
Other		0
Total		52,949

EXPENSES

Total	\$	47,099
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STAFFING**FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.1
Registered Nurses	0.2
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.3
TOTAL FTES	1.4

Lifenet, LLC

505 Dewey Street South, Suite 206
 Eau Claire WI 54701 Eau Claire County

(715) 835-4111

License Number: 335

Ownership of Agency: Limited Liability Company

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 86

Number of unduplicated patients in 2001 = 79

COUNTIES SERVED

Chippewa
 Clark
 Eau Claire
 Jackson
 Taylor
 Trempealeau

TOTAL NUMBER OF ADMISSIONS 71

PERCENT ADMISSIONS FROM:

Private Residences	62.0%
General Hospitals	16.9
Nursing Homes	11.3
Other	9.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 58

PERCENT DISCHARGES TO:

Private Residences	60.3%
General Hospitals	5.2
Nursing Homes	22.4
Deaths	10.3
Other	1.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	79	630	8.0
Home Health Aide	1	78	78.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	156	18,720	120.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	19,428	XXXXXX

AGE AND SEX OF PATIENTS

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 12.7	Medicaid 96.2
25 to 54 21.5	Other Federal 0.0
55 to 64 13.9	State Funds 0.0
65 to 74 15.2	Private Insurance 2.5
75 to 84 20.3	Self Pay 1.3
85 & over 16.5	Other 0.0
	TOTAL PATIENTS 79

Males 39.2% Females 60.8 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 2.5
Diabetes 26.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 7.6
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 5.1	Ill-Defined Cond. 0.0
Paralysis/CP 12.7	Fractures 1.3
Cardiovascular 8.9	Wounds, Burns 0.0
Stroke 2.5	Compl. of Surgery 0.0
Respiratory 10.1	Other Conditions 22.8

REVENUE

Billings	\$ 1,108,490
Disallowances	180,558
Collections	927,932
Other	0
Total	927,932

EXPENSES

Total	\$ 843,902
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.4
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	27.5
Homemakers	0.0
Other Staff	9.6
TOTAL FTES	40.5

Mission Home Health-Lutheran Social Services

1101 West Clairemont Avenue

Eau Claire WI 54701

Eau Claire County

(715) 855-5043

COUNTIES SERVED

Chippewa

Clark

Eau Claire

Monroe

License Number: 1010

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 73

Number of unduplicated patients in 2001 = 83

TOTAL NUMBER OF ADMISSIONS 15**PERCENT ADMISSIONS FROM:**

Private Residences 26.7%

General Hospitals 13.3

Nursing Homes 6.7

Other 53.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 17

PERCENT DISCHARGES TO:

Private Residences 23.5%

General Hospitals 5.9

Nursing Homes 23.5

Deaths 0.0

Other 47.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	17	614	36.1
Home Health Aide	4	246	61.5
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	148	77,282	522.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	78,142	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 10.8	Medicaid 91.6
25 to 54 61.4	Other Federal 0.0
55 to 64 10.8	State Funds 0.0
65 to 74 9.6	Private Insurance 0.0
75 to 84 1.2	Self Pay 0.0
85 & over 6.0	Other 8.4
	TOTAL PATIENTS 83

Males 51.8% Females 48.2 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	0.0	Genitourinary Sys.	1.2
Diabetes	3.6	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	1.2
Dementia/Alzheimers	0.0	Osteopathies	1.2
Psychoses/Neuroses	9.6	Perinatal Period	1.2
Central Nervous Sys.	0.0	Ill-Defined Cond.	0.0
Paralysis/CP	4.8	Fractures	1.2
Cardiovascular	2.4	Wounds, Burns	0.0
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	0.0	Other Conditions	73.5

REVENUE

Billings	\$ 2,600,329
Disallowances	372,924
Collections	2,227,405
Other	0
Total	2,227,405

EXPENSES

Total	\$ 2,524,502
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.5
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	68.6
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	76.1

Northwest Wisconsin Homecare, Inc.

2620 Stein Boulevard, Box 2060

Eau Claire WI 54702

Eau Claire County

(715) 831-0100

License Number: 127

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 58

Number of unduplicated patients in 2001 = 880

COUNTIES SERVED

Barron

Buffalo

Chippewa

Clark

Dunn

Eau Claire

Pepin

Pierce

Rusk

St. Croix

Taylor

Trempealeau

TOTAL NUMBER OF ADMISSIONS 813**PERCENT ADMISSIONS FROM:**

Private Residences 35.4%

General Hospitals 49.4

Nursing Homes 14.9

Other 0.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 819

PERCENT DISCHARGES TO:

Private Residences 73.6%

General Hospitals 4.6

Nursing Homes 8.3

Deaths 4.4

Other 9.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	852	13,461	15.8
Home Health Aide	296	12,125	41.0
Physical Therapy	333	1,534	4.6
Spch/Occ/Resp Therapy	133	505	3.8
Medical Social Service	68	331	4.9
Private Duty Nursing	15	5,516	367.7
Personal Care/PC RN Supv.	68	4,523	66.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	123	6,645	54.0
TOTAL	XXXXXXX	44,640	XXXXXX

AGE AND SEX OF PATIENTS **PATIENT REIMBURSEMENT SOURCE**

Under 4	1.7%	Medicare	67.5%
4 to 24	4.7	Medicaid	12.6
25 to 54	11.8	Other Federal	0.9
55 to 64	8.9	State Funds	0.5
65 to 74	16.9	Private Insurance	15.0
75 to 84	30.8	Self Pay	3.5
85 & over	25.2	Other	0.0
		TOTAL PATIENTS	880

Males 40.9% Females 59.1 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.3%	Digestive Disorders	1.0%
Cancer	7.7	Genitourinary Sys.	2.5
Diabetes	6.1	Preg. & Childbirth	0.0
Diseases of Blood	1.7	Arthropathies	7.4
Dementia/Alzheimers	1.5	Osteopathies	1.8
Psychoses/Neuroses	0.3	Perinatal Period	0.6
Central Nervous Sys.	1.8	Ill-Defined Cond.	6.1
Paralysis/CP	1.0	Fractures	7.8
Cardiovascular	15.5	Wounds, Burns	3.4
Stroke	2.0	Compl. of Surgery	3.3
Respiratory	9.0	Other Conditions	18.1

REVENUE

Billings	\$ 4,692,463
Disallowances	865,517
Collections	3,826,946
Other	-4,042
Total	3,822,904

EXPENSES

Total	\$ 3,970,894
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	9.0
Registered Nurses	35.4
Licensed Practical Nurses	8.4
Home Health Aides	16.2
Physical Therapists	2.0
Occupational Therapists	0.5
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	6.8
Other Therapeutic Staff	0.0
Personal Care Workers	2.2
Homemakers	14.3
Other Staff	28.0
TOTAL FTES	123.7

Fond du Lac County Home Health Service

160 South Macy Street
Fond du Lac WI 54935

Fond du Lac County

COUNTIES SERVED

Fond du Lac

(920) 929-3085

License Number: 54

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 45

Number of unduplicated patients in 2001 = 276

TOTAL NUMBER OF ADMISSIONS 219

PERCENT ADMISSIONS FROM:

Private Residences	63.9%
General Hospitals	27.4
Nursing Homes	5.5
Other	3.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 227

PERCENT DISCHARGES TO:

Private Residences	67.4%
General Hospitals	12.8
Nursing Homes	6.2
Deaths	2.6
Other	11.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	137	3,249	23.7
Home Health Aide	76	3,515	46.3
Physical Therapy	23	228	9.9
Spch/Occ/Resp Therapy	6	40	6.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	262	7,701	29.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,733	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 32.5%
4 to 24 0.4	Medicaid 8.8
25 to 54 7.2	Other Federal 18.8
55 to 64 6.9	State Funds 28.6
65 to 74 13.8	Private Insurance 1.6
75 to 84 34.8	Self Pay 8.1
85 & over 37.0	Other 1.6
	TOTAL PATIENTS 308

Males 34.4% Females 65.6 %

PRIMARY DIAGNOSIS

Infectious Disorders 1.4%	Digestive Disorders 0.4%
Cancer 3.6	Genitourinary Sys. 4.0
Diabetes 6.5	Preg. & Childbirth 0.0
Diseases of Blood 5.1	Arthropathies 19.9
Dementia/Alzheimers 1.4	Osteopathies 1.1
Psychoses/Neuroses 2.5	Perinatal Period 0.4
Central Nervous Sys. 3.3	Ill-Defined Cond. 5.4
Paralysis/CP 1.4	Fractures 6.2
Cardiovascular 12.7	Wounds, Burns 3.6
Stroke 3.6	Compl. of Surgery 0.0
Respiratory 4.7	Other Conditions 12.7

REVENUE

Billings \$	899,230
Disallowances	163,805
Collections	735,425
Other	14,192
Total	749,617

EXPENSES

Total \$	900,913
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	18.5
Licensed Practical Nurses	0.0
Home Health Aides	4.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	6.3
Homemakers	0.0
Other Staff	10.7
TOTAL FTES	43.0

St. Agnes Hospital-Home Care Services

239 Trowbridge Drive
Fond du Lac WI 54936

Fond du Lac County

(920) 923-7950

License Number: 55

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 58

Number of unduplicated patients in 2001 = 862

COUNTIES SERVED

Columbia
Dodge
Fond du Lac
Green Lake
Marquette
Winnebago

TOTAL NUMBER OF ADMISSIONS 755

PERCENT ADMISSIONS FROM:

Private Residences	6.2%
General Hospitals	87.5
Nursing Homes	5.6
Other	0.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 669

PERCENT DISCHARGES TO:

Private Residences	75.3%
General Hospitals	5.5
Nursing Homes	6.7
Deaths	4.6
Other	7.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	607	5,425	8.9
Home Health Aide	191	3,368	17.6
Physical Therapy	181	1,627	9.0
Spch/Occ/Resp Therapy	97	887	9.1
Medical Social Service	118	206	1.7
Private Duty Nursing	9	1,808	200.9
Personal Care/PC RN Supv.	264	12,583	47.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	53	1,948	36.8
TOTAL	XXXXXXX	27,852	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.3%	Medicare 50.3%
4 to 24 3.9	Medicaid 4.9
25 to 54 9.7	Other Federal 0.0
55 to 64 10.2	State Funds 23.2
65 to 74 17.7	Private Insurance 14.9
75 to 84 29.6	Self Pay 6.6
85 & over 26.5	Other 0.0
	TOTAL PATIENTS 904

Males 39.0% Females 61.0 %

PRIMARY DIAGNOSIS

Infectious Disorders 1.0%	Digestive Disorders 4.4%
Cancer 9.5	Genitourinary Sys. 2.7
Diabetes 0.1	Preg. & Childbirth 0.1
Diseases of Blood 2.0	Arthropathies 8.1
Dementia/Alzheimers 0.2	Osteopathies 2.3
Psychoses/Neuroses 0.5	Perinatal Period 1.2
Central Nervous Sys. 1.6	Ill-Defined Cond. 7.7
Paralysis/CP 1.7	Fractures 7.1
Cardiovascular 14.2	Wounds, Burns 1.9
Stroke 2.7	Compl. of Surgery 3.6
Respiratory 6.6	Other Conditions 20.9

REVENUE

Billings	\$ 2,918,922
Disallowances	699,668
Collections	2,219,254
Other	104,223
Total	2,323,477

EXPENSES

Total	\$ 2,637,183
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	16.5
Licensed Practical Nurses	7.3
Home Health Aides	19.6
Physical Therapists	2.1
Occupational Therapists	0.1
Speech Pathologists	0.1
Respiratory Therapists	0.1
Medical Social Workers	0.2
Other Therapeutic Staff	0.3
Personal Care Workers	2.9
Homemakers	0.0
Other Staff	5.3
TOTAL FTES	55.2

Country Care Connection

105 West Pioneer
Crandon WI 54520

Forest County

(715) 478-3325

COUNTIES SERVED

Forest
Langlade
Oconto
Oneida
Vilas

License Number: 270

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 6

Number of unduplicated patients in 2001 = 33

TOTAL NUMBER OF ADMISSIONS 27

PERCENT ADMISSIONS FROM:

Private Residences	25.9%
General Hospitals	59.3
Nursing Homes	14.8
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 27

PERCENT DISCHARGES TO:

Private Residences	85.2%
General Hospitals	11.1
Nursing Homes	0.0
Deaths	3.7
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	33	267	8.1
Home Health Aide	4	250	62.5
Physical Therapy	2	8	4.0
Spch/Occ/Resp Therapy	2	8	4.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	12	402	33.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	935	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	50.0%
4 to 24	3.0	Medicaid	19.4
25 to 54	27.3	Other Federal	0.0
55 to 64	9.1	State Funds	0.0
65 to 74	24.2	Private Insurance	27.8
75 to 84	24.2	Self Pay	2.8
85 & over	12.1	Other	0.0
		TOTAL PATIENTS	36

Males 30.3% Females 69.7 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	6.1%
Cancer	3.0	Genitourinary Sys.	3.0
Diabetes	3.0	Preg. & Childbirth	3.0
Diseases of Blood	0.0	Arthropathies	9.1
Dementia/Alzheimers	0.0	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	27.3	Ill-Defined Cond.	3.0
Paralysis/CP	0.0	Fractures	9.1
Cardiovascular	21.2	Wounds, Burns	3.0
Stroke	0.0	Compl. of Surgery	6.1
Respiratory	3.0	Other Conditions	0.0

REVENUE

Billings	\$	51,038
Disallowances		20,124
Collections		30,914
Other		0
Total		30,914

EXPENSES

Total	\$	74,768
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STAFFING**FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.9
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	0.0
Other Staff	0.6
TOTAL FTEs	1.9

Forest County Health Department

200 East Madison Street
Crandon WI 54520

Forest County

COUNTIES SERVED

Forest

(715) 478-3371

License Number: 56

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 5

Number of unduplicated patients in 2001 = 87

TOTAL NUMBER OF ADMISSIONS 80**PERCENT ADMISSIONS FROM:**

Private Residences	6.3%
General Hospitals	52.5
Nursing Homes	8.8
Other	32.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 76

PERCENT DISCHARGES TO:

Private Residences	61.8%
General Hospitals	1.3
Nursing Homes	9.2
Deaths	6.6
Other	21.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	47	737	15.7
Home Health Aide	14	250	17.9
Physical Therapy	16	197	12.3
Spch/Occ/Resp Therapy	1	33	33.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	19	721	37.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,938	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.4%	Medicare 55.1%
4 to 24 2.3	Medicaid 24.7
25 to 54 6.9	Other Federal 0.0
55 to 64 8.0	State Funds 0.0
65 to 74 21.8	Private Insurance 11.2
75 to 84 33.3	Self Pay 9.0
85 & over 24.1	Other 0.0
	TOTAL PATIENTS 89

Males 26.4% Females 73.6 %

PRIMARY DIAGNOSIS

Infectious Disorders 2.3%	Digestive Disorders 2.3%
Cancer 6.9	Genitourinary Sys. 3.4
Diabetes 2.3	Preg. & Childbirth 0.0
Diseases of Blood 4.6	Arthropathies 20.7
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 1.1	Perinatal Period 3.4
Central Nervous Sys. 2.3	Ill-Defined Cond. 10.3
Paralysis/CP 2.3	Fractures 5.7
Cardiovascular 11.5	Wounds, Burns 6.9
Stroke 0.0	Compl. of Surgery 2.3
Respiratory 5.7	Other Conditions 5.7

REVENUE

Billings \$	207,137
Disallowances	24,676
Collections	182,461
Other	0
Total	182,461

EXPENSES

Total \$	165,084
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.1
Licensed Practical Nurses	0.1
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.4
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	3.6

Grant County Home Nursing Service

111 South Jefferson Street
Lancaster WI 53813

Grant County

COUNTIES SERVED

Grant

(608) 723-6416

License Number: 57

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 12

Number of unduplicated patients in 2001 = 304

TOTAL NUMBER OF ADMISSIONS 275**PERCENT ADMISSIONS FROM:**

Private Residences	30.9%
General Hospitals	55.3
Nursing Homes	11.6
Other	2.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 290

PERCENT DISCHARGES TO:

Private Residences	64.8%
General Hospitals	12.4
Nursing Homes	12.1
Deaths	3.4
Other	7.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	263	2,858	10.9
Home Health Aide	44	567	12.9
Physical Therapy	95	680	7.2
Spch/Occ/Resp Therapy	16	31	1.9
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	118	2,555	21.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,691	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.3%	Medicare	39.2%
4 to 24	1.3	Medicaid	23.8
25 to 54	15.5	Other Federal	0.0
55 to 64	9.9	State Funds	0.0
65 to 74	21.7	Private Insurance	15.4
75 to 84	28.0	Self Pay	21.7
85 & over	23.4	Other	0.0
		TOTAL PATIENTS	332

Males 41.8% Females 58.2 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.3%	Digestive Disorders	0.7%
Cancer	5.9	Genitourinary Sys.	2.3
Diabetes	3.9	Preg. & Childbirth	0.0
Diseases of Blood	1.0	Arthropathies	15.5
Dementia/Alzheimers	1.3	Osteopathies	1.0
Psychoses/Neuroses	3.0	Perinatal Period	0.0
Central Nervous Sys.	2.6	Ill-Defined Cond.	4.6
Paralysis/CP	1.3	Fractures	11.2
Cardiovascular	14.8	Wounds, Burns	9.5
Stroke	3.0	Compl. of Surgery	0.3
Respiratory	5.9	Other Conditions	11.8

REVENUE

Billings	\$	499,861
Disallowances		127,026
Collections		372,835
Other		0
Total		372,835

EXPENSES

Total	\$	500,807
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STAFFING**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.4
Registered Nurses	4.9
Licensed Practical Nurses	0.0
Home Health Aides	0.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.6
Homemakers	0.0
Other Staff	1.0
TOTAL FTEs	9.6

Homeward Bound Home Health

130 West Elm Street, PO Box 503
Lancaster WI 52813

Grant County

(608) 723-6601

License Number: 330

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 37

Number of unduplicated patients in 2001 = 315

COUNTIES SERVED

Columbia

Grant

Iowa

Juneau

LaFayette

Richland

Sauk

Vernon

TOTAL NUMBER OF ADMISSIONS 206

PERCENT ADMISSIONS FROM:

Private Residences 19.4%

General Hospitals 49.0

Nursing Homes 10.7

Other 20.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 200

PERCENT DISCHARGES TO:

Private Residences 47.5%

General Hospitals 12.0

Nursing Homes 25.5

Deaths 9.5

Other 5.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	226	1,564	6.9
Home Health Aide	30	705	23.5
Physical Therapy	49	338	6.9
Spch/Occ/Resp Therapy	5	17	3.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	372	26,250	70.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	28,874	XXXXXX

AGE AND SEX OF PATIENTS

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 23.5%
4 to 24 2.2	Medicaid 54.2
25 to 54 14.9	Other Federal 0.6
55 to 64 9.2	State Funds 14.0
65 to 74 18.4	Private Insurance 6.0
75 to 84 33.7	Self Pay 1.8
85 & over 21.6	Other 0.0
	TOTAL PATIENTS 336

Males 35.9% Females 64.1 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	
Infectious Disorders 0.6%	Digestive Disorders 1.9%
Cancer 4.4	Genitourinary Sys. 1.6
Diabetes 5.7	Preg. & Childbirth 0.3
Diseases of Blood 0.6	Arthropathies 17.1
Dementia/Alzheimers 1.0	Osteopathies 1.9
Psychoses/Neuroses 5.4	Perinatal Period 0.0
Central Nervous Sys. 2.2	Ill-Defined Cond. 4.8
Paralysis/CP 2.9	Fractures 6.3
Cardiovascular 14.6	Wounds, Burns 3.2
Stroke 6.0	Compl. of Surgery 0.3
Respiratory 8.3	Other Conditions 10.8

REVENUE

Billings	\$ 1,653,648
Disallowances	330,037
Collections	1,323,611
Other	0
Total	1,323,611

EXPENSES

Total	\$ 1,140,774
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STAFFING**FTES**

Administrators 0.6

Reg. Nurse Supervisors 1.0

Registered Nurses 4.8

Licensed Practical Nurses 0.0

Home Health Aides 0.3

Physical Therapists 0.0

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 32.3

Homemakers 0.6

Other Staff 4.8

TOTAL FTES 44.4

The Monroe Clinic Home Care

515 22nd Avenue
Monroe WI 53566

Green County

(608) 324-1230

COUNTIES SERVED

Dane
Green
LaFayette
Rock

License Number: 142

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 11

Number of unduplicated patients in 2001 = 309

TOTAL NUMBER OF ADMISSIONS 294

PERCENT ADMISSIONS FROM:

Private Residences	34.4%
General Hospitals	61.2
Nursing Homes	4.1
Other	0.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 278

PERCENT DISCHARGES TO:

Private Residences	76.6%
General Hospitals	2.9
Nursing Homes	6.1
Deaths	1.8
Other	12.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	225	2,955	13.1
Home Health Aide	44	557	12.7
Physical Therapy	140	1,533	11.0
Spch/Occ/Resp Therapy	23	131	5.7
Medical Social Service	19	61	3.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,237	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	76.7%
4 to 24	2.3	Medicaid	3.9
25 to 54	18.4	Other Federal	0.0
55 to 64	10.0	State Funds	0.0
65 to 74	14.9	Private Insurance	19.4
75 to 84	33.3	Self Pay	0.0
85 & over	21.0	Other	0.0
		TOTAL PATIENTS	309

Males 36.9% Females 63.1 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.6%	Digestive Disorders	7.4%
Cancer	10.4	Genitourinary Sys.	2.3
Diabetes	1.6	Preg. & Childbirth	0.3
Diseases of Blood	1.3	Arthropathies	16.5
Dementia/Alzheimers	0.6	Osteopathies	5.2
Psychoses/Neuroses	1.3	Perinatal Period	0.0
Central Nervous Sys.	0.3	Ill-Defined Cond.	4.5
Paralysis/CP	1.0	Fractures	7.4
Cardiovascular	15.5	Wounds, Burns	0.3
Stroke	2.9	Compl. of Surgery	2.9
Respiratory	5.5	Other Conditions	12.0

REVENUE

Billings	\$	583,086
Disallowances		102,359
Collections		480,727
Other		0
Total		480,727

EXPENSES

Total	\$	601,712
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STAFFING**FTES**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	5.1
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	1.1
Occupational Therapists	0.1
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.3
TOTAL FTES	9.3

CHN Home Care

270 East Marquette Street
Berlin WI 54923

Green Lake County

(920) 361-5523

COUNTIES SERVED

Fond du Lac
Green Lake
Marquette
Waushara
Winnebago

License Number: 235

Ownership of Agency: Nonprofit Association

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 37

Number of unduplicated patients in 2001 = 559

TOTAL NUMBER OF ADMISSIONS 491

PERCENT ADMISSIONS FROM:

Private Residences	2.9%
General Hospitals	62.5
Nursing Homes	3.7
Other	31.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 475

PERCENT DISCHARGES TO:

Private Residences	71.2%
General Hospitals	12.8
Nursing Homes	3.8
Deaths	1.9
Other	10.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	521	5,479	10.5
Home Health Aide	181	4,438	24.5
Physical Therapy	151	1,108	7.3
Spch/Occ/Resp Therapy	29	139	4.8
Medical Social Service	6	7	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	44	1,811	41.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,982	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.4%	Medicare	76.2%
4 to 24	2.1	Medicaid	5.9
25 to 54	8.1	Other Federal	0.0
55 to 64	8.2	State Funds	3.7
65 to 74	17.5	Private Insurance	13.7
75 to 84	35.1	Self Pay	0.4
85 & over	28.6	Other	0.0
		TOTAL PATIENTS	910

Males 41.3% Females 58.7 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.7%	Digestive Disorders	2.3%
Cancer	6.4	Genitourinary Sys.	3.8
Diabetes	7.0	Preg. & Childbirth	0.2
Diseases of Blood	2.9	Arthropathies	7.0
Dementia/Alzheimers	0.7	Osteopathies	0.9
Psychoses/Neuroses	0.5	Perinatal Period	0.2
Central Nervous Sys.	2.0	Ill-Defined Cond.	5.2
Paralysis/CP	0.7	Fractures	11.4
Cardiovascular	22.5	Wounds, Burns	3.4
Stroke	6.1	Compl. of Surgery	2.9
Respiratory	3.8	Other Conditions	9.5

REVENUE

Billings	\$ 1,113,094
Disallowances	-3,667
Collections	1,116,761
Other	70,492
Total	1,187,253

EXPENSES

Total	\$ 1,191,565
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	6.2
Licensed Practical Nurses	0.0
Home Health Aides	5.1
Physical Therapists	1.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.4
TOTAL FTES	16.2

Upland Hills Home Care

800 Compassion Way
Dodgeville WI 53533

Iowa County

(608) 930-7210

License Number: 60

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 36

Number of unduplicated patients in 2001 = 403

COUNTIES SERVED

Dane
Grant
Iowa
LaFayette
Richland
Sauk

TOTAL NUMBER OF ADMISSIONS 405

PERCENT ADMISSIONS FROM:

Private Residences	25.9%
General Hospitals	53.1
Nursing Homes	11.9
Other	9.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 404

PERCENT DISCHARGES TO:

Private Residences	61.6%
General Hospitals	9.4
Nursing Homes	8.7
Deaths	2.0
Other	18.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	363	3,225	8.9
Home Health Aide	119	2,922	24.6
Physical Therapy	194	1,411	7.3
Spch/Occ/Resp Therapy	66	216	3.3
Medical Social Service	4	5	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	116	7,872	67.9
Other Home Health Care	3	209	69.7
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	15,860	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	2.2%	Medicare	66.4%
4 to 24	2.0	Medicaid	9.7
25 to 54	9.7	Other Federal	0.0
55 to 64	11.4	State Funds	2.0
65 to 74	15.1	Private Insurance	13.7
75 to 84	35.0	Self Pay	7.0
85 & over	24.6	Other	1.1
		TOTAL PATIENTS	444

Males 40.4% Females 59.6 %

PRIMARY DIAGNOSIS

Infectious Disorders	2.7%	Digestive Disorders	1.7%
Cancer	5.0	Genitourinary Sys.	2.7
Diabetes	4.2	Preg. & Childbirth	0.0
Diseases of Blood	1.0	Arthropathies	13.2
Dementia/Alzheimers	1.2	Osteopathies	3.2
Psychoses/Neuroses	0.0	Perinatal Period	0.5
Central Nervous Sys.	5.5	Ill-Defined Cond.	2.5
Paralysis/CP	1.7	Fractures	12.9
Cardiovascular	13.2	Wounds, Burns	6.7
Stroke	3.2	Compl. of Surgery	2.2
Respiratory	7.7	Other Conditions	8.9

REVENUE

Billings	\$ 906,100
Disallowances	-105,739
Collections	1,011,839
Other	75
Total	1,011,914

EXPENSES

Total	\$ 1,038,045
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STAFFING**FTES**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.4
Licensed Practical Nurses	0.9
Home Health Aides	1.8
Physical Therapists	0.6
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.6
Homemakers	0.0
Other Staff	3.3
TOTAL FTES	17.6

Pine View Home Health

409 CTH R

Black River Falls WI 54615

Jackson County

COUNTIES SERVED

Jackson

(715) 284-9495

License Number: 219

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 40

Number of unduplicated patients in 2001 = 231

TOTAL NUMBER OF ADMISSIONS 122**PERCENT ADMISSIONS FROM:**

Private Residences	25.4%
General Hospitals	48.4
Nursing Homes	23.0
Other	3.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 128

PERCENT DISCHARGES TO:

Private Residences	52.3%
General Hospitals	20.3
Nursing Homes	17.2
Deaths	6.3
Other	3.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	149	1,723	11.6
Home Health Aide	39	2,221	56.9
Physical Therapy	20	336	16.8
Spch/Occ/Resp Therapy	11	84	7.6
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	101	10,257	101.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,621	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 36.8%
4 to 24 2.6	Medicaid 45.9
25 to 54 11.3	Other Federal 0.9
55 to 64 6.5	State Funds 1.7
65 to 74 16.9	Private Insurance 8.2
75 to 84 39.4	Self Pay 6.1
85 & over 22.5	Other 0.4
	TOTAL PATIENTS 231

Males 33.3% Females 66.7 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 2.2%
Cancer 8.2	Genitourinary Sys. 0.9
Diabetes 7.4	Preg. & Childbirth 0.0
Diseases of Blood 3.5	Arthropathies 1.7
Dementia/Alzheimers 4.3	Osteopathies 6.9
Psychoses/Neuroses 1.7	Perinatal Period 0.4
Central Nervous Sys. 8.2	Ill-Defined Cond. 0.9
Paralysis/CP 3.9	Fractures 10.4
Cardiovascular 8.7	Wounds, Burns 8.7
Stroke 8.7	Compl. of Surgery 3.5
Respiratory 4.3	Other Conditions 5.6

REVENUE

Billings \$	836,167
Disallowances	156,878
Collections	679,289
Other	5,000
Total	684,289

EXPENSES

Total \$ 1,128,675

STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.0
Licensed Practical Nurses	0.0
Home Health Aides	4.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	7.3
Homemakers	0.0
Other Staff	4.0
TOTAL FTES	24.0

Fort Atkinson Memorial Hlth Services Home Health Agency

426 McMillen Street

Fort Atkinson WI 53538

Jefferson County

(920) 568-6500

COUNTIES SERVED

Dane

Jefferson

Rock

Walworth

License Number: 137

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 20

Number of unduplicated patients in 2001 = 355

TOTAL NUMBER OF ADMISSIONS 329

PERCENT ADMISSIONS FROM:

Private Residences	53.2%
General Hospitals	35.3
Nursing Homes	9.7
Other	1.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 331

PERCENT DISCHARGES TO:

Private Residences	89.4%
General Hospitals	1.8
Nursing Homes	3.6
Deaths	2.4
Other	2.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	348	3,536	10.2
Home Health Aide	71	5,929	83.5
Physical Therapy	141	936	6.6
Spch/Occ/Resp Therapy	35	222	6.3
Medical Social Service	45	125	2.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,748	XXXXXX

AGE AND SEX OF PATIENTS **PATIENT REIMBURSEMENT SOURCE**

Under 4	7.9%	Medicare	64.1%
4 to 24	2.5	Medicaid	9.2
25 to 54	13.2	Other Federal	0.3
55 to 64	10.1	State Funds	0.3
65 to 74	18.0	Private Insurance	21.7
75 to 84	26.8	Self Pay	1.1
85 & over	21.4	Other	3.3
		TOTAL PATIENTS	359

Males 41.1% Females 58.9 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.4%	Digestive Disorders	2.8%
Cancer	6.5	Genitourinary Sys.	4.8
Diabetes	2.5	Preg. & Childbirth	0.0
Diseases of Blood	0.8	Arthropathies	16.1
Dementia/Alzheimers	0.6	Osteopathies	0.8
Psychoses/Neuroses	0.8	Perinatal Period	7.9
Central Nervous Sys.	1.4	Ill-Defined Cond.	9.0
Paralysis/CP	0.6	Fractures	2.8
Cardiovascular	11.3	Wounds, Burns	17.5
Stroke	3.7	Compl. of Surgery	0.3
Respiratory	3.1	Other Conditions	5.4

REVENUE

Billings	\$	908,443
Disallowances		146,364
Collections		762,079
Other		0
Total		762,079

EXPENSES

Total	\$	633,952
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STAFFING

FTES

Administrators	0.1
Reg. Nurse Supervisors	1.0
Registered Nurses	4.6
Licensed Practical Nurses	0.0
Home Health Aides	2.8
Physical Therapists	0.8
Occupational Therapists	0.2
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.4
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	11.3

Jefferson County Health Department

N3995 Annex Road
Jefferson WI 53549

Jefferson County

COUNTIES SERVED

Jefferson

(920) 674-7275

License Number: 63

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 15

Number of unduplicated patients in 2001 = 117

TOTAL NUMBER OF ADMISSIONS 91**PERCENT ADMISSIONS FROM:**

Private Residences	22.0%
General Hospitals	60.4
Nursing Homes	13.2
Other	4.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 88

PERCENT DISCHARGES TO:

Private Residences	63.6%
General Hospitals	19.3
Nursing Homes	2.3
Deaths	2.3
Other	12.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	117	1,909	16.3
Home Health Aide	50	2,466	49.3
Physical Therapy	54	259	4.8
Spch/Occ/Resp Therapy	25	127	5.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,761	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	43.9%
4 to 24	2.6	Medicaid	40.3
25 to 54	23.1	Other Federal	0.7
55 to 64	6.0	State Funds	0.0
65 to 74	22.2	Private Insurance	13.7
75 to 84	25.6	Self Pay	1.4
85 & over	20.5	Other	0.0
		TOTAL PATIENTS	139

Males 53.8% Females 46.2 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.7%	Digestive Disorders	0.9%
Cancer	6.8	Genitourinary Sys.	12.0
Diabetes	5.1	Preg. & Childbirth	0.0
Diseases of Blood	1.7	Arthropathies	10.3
Dementia/Alzheimers	0.0	Osteopathies	3.4
Psychoses/Neuroses	3.4	Perinatal Period	0.0
Central Nervous Sys.	3.4	Ill-Defined Cond.	6.0
Paralysis/CP	6.8	Fractures	4.3
Cardiovascular	19.7	Wounds, Burns	5.1
Stroke	0.9	Compl. of Surgery	0.0
Respiratory	4.3	Other Conditions	4.3

REVENUE

Billings	\$	527,825
Disallowances		165,819
Collections		362,006
Other		0
Total		362,006

EXPENSES

Total	\$	543,397
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STAFFING**FTES**

Administrators	0.3
Reg. Nurse Supervisors	0.5
Registered Nurses	1.3
Licensed Practical Nurses	0.0
Home Health Aides	4.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.7
TOTAL FTES	7.7

KJM Home Health Care Agency

111 North Third Street
Watertown WI 53094

Jefferson County

COUNTIES SERVED

Dodge
Jefferson
Waukesha

(920) 261-8789

License Number: 135

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 3

Number of unduplicated patients in 2001 = 9

TOTAL NUMBER OF ADMISSIONS 1

PERCENT ADMISSIONS FROM:

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1

PERCENT DISCHARGES TO:

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	9	579	64.3
Home Health Aide	3	314	104.7
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	243	81.0
TOTAL	XXXXXXX	1,136	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 77.8%
4 to 24 0.0	Medicaid 11.1
25 to 54 33.3	Other Federal 0.0
55 to 64 22.2	State Funds 0.0
65 to 74 22.2	Private Insurance 11.1
75 to 84 0.0	Self Pay 0.0
85 & over 22.2	Other 0.0
	TOTAL PATIENTS 9

Males 55.6% Females 44.4 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 11.1%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 22.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 11.1	Perinatal Period 0.0
Central Nervous Sys. 11.1	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 22.2	Other Conditions 22.2

REVENUE

Billings \$	328,905
Disallowances	5,182
Collections	323,723
Other	0
Total	323,723

EXPENSES

Total \$	282,106
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STAFFING**FTES**

Administrators	0.6
Reg. Nurse Supervisors	0.0
Registered Nurses	0.5
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	3.2

Hess Home Health

1050 Division Street
Mauston WI 53948

Juneau County

COUNTIES SERVED

Adams
Juneau
Monroe

(608) 847-6161

License Number: 216

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 7

Number of unduplicated patients in 2001 = 157

TOTAL NUMBER OF ADMISSIONS 144

PERCENT ADMISSIONS FROM:

Private Residences	22.9%
General Hospitals	68.1
Nursing Homes	8.3
Other	0.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 145

PERCENT DISCHARGES TO:

Private Residences	69.0%
General Hospitals	6.2
Nursing Homes	14.5
Deaths	6.2
Other	4.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	149	2,782	18.7
Home Health Aide	74	2,225	30.1
Physical Therapy	43	334	7.8
Spch/Occ/Resp Therapy	12	94	7.8
Medical Social Service	1	1	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,436	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	84.0%
4 to 24	0.0	Medicaid	3.7
25 to 54	8.9	Other Federal	1.9
55 to 64	6.4	State Funds	0.0
65 to 74	19.7	Private Insurance	9.3
75 to 84	42.0	Self Pay	1.2
85 & over	22.9	Other	0.0
		TOTAL PATIENTS	162

Males 42.7% Females 57.3 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.6%	Digestive Disorders	3.2%
Cancer	8.3	Genitourinary Sys.	4.5
Diabetes	6.4	Preg. & Childbirth	0.0
Diseases of Blood	3.8	Arthropathies	12.1
Dementia/Alzheimers	0.0	Osteopathies	1.3
Psychoses/Neuroses	0.6	Perinatal Period	0.0
Central Nervous Sys.	2.5	Ill-Defined Cond.	4.5
Paralysis/CP	0.0	Fractures	10.2
Cardiovascular	17.8	Wounds, Burns	1.9
Stroke	6.4	Compl. of Surgery	1.3
Respiratory	7.0	Other Conditions	7.6

REVENUE

Billings	\$	466,240
Disallowances		38,137
Collections		428,103
Other		0
Total		428,103

EXPENSES

Total	\$	575,507
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.0
Licensed Practical Nurses	0.0
Home Health Aides	1.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	5.7

Alliance Home Care

600 52nd Street, Suite 300
Kenosha WI 53140

Kenosha County

COUNTIES SERVED

Kenosha
Racine
Walworth

(800) 830-8344

License Number: 130

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 3

Number of unduplicated patients in 2001 = 43

TOTAL NUMBER OF ADMISSIONS 41

PERCENT ADMISSIONS FROM:

Private Residences	58.5%
General Hospitals	41.5
Nursing Homes	0.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 41

PERCENT DISCHARGES TO:

Private Residences	51.2%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	17.1
Other	31.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	43	321	7.5
Home Health Aide	23	187	8.1
Physical Therapy	1	11	11.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	12	16	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	3	1.0
TOTAL	XXXXXXX	538	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 81.8%
4 to 24 0.0	Medicaid 2.3
25 to 54 14.0	Other Federal 0.0
55 to 64 11.6	State Funds 0.0
65 to 74 23.3	Private Insurance 13.6
75 to 84 37.2	Self Pay 2.3
85 & over 14.0	Other 0.0
	TOTAL PATIENTS 44

Males 65.1% Females 34.9 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 74.4	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 2.3	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 2.3	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 2.3
Paralysis/CP 0.0	Fractures 2.3
Cardiovascular 4.7	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 11.6	Other Conditions 0.0

REVENUE

Billings \$	60,825
Disallowances	4,156
Collections	56,669
Other	2,725
Total	59,394

EXPENSES

Total \$	140,383
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STAFFING**FTES**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	2.0
Licensed Practical Nurses	0.2
Home Health Aides	1.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.4
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTES	5.9

Kenosha Visiting Nurse Association, Inc.

600 52nd Street, Suite 300

Kenosha WI 53140

Kenosha County

COUNTIES SERVED

Kenosha

Racine

(262) 656-8400

License Number: 65

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 38

Number of unduplicated patients in 2001 = 789

TOTAL NUMBER OF ADMISSIONS 860**PERCENT ADMISSIONS FROM:**

Private Residences 9.8%

General Hospitals 59.2

Nursing Homes 14.8

Other 16.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 881

PERCENT DISCHARGES TO:

Private Residences 88.4%

General Hospitals 4.7

Nursing Homes 2.5

Deaths 2.3

Other 2.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	764	10,306	13.5
Home Health Aide	222	4,379	19.7
Physical Therapy	305	2,776	9.1
Spch/Occ/Resp Therapy	70	629	9.0
Medical Social Service	25	25	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	19	19	1.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	18,134	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.3%	Medicare	87.6%
4 to 24	0.4	Medicaid	2.4
25 to 54	6.6	Other Federal	0.0
55 to 64	8.4	State Funds	0.0
65 to 74	16.5	Private Insurance	9.7
75 to 84	33.1	Self Pay	0.3
85 & over	34.9	Other	0.0
		TOTAL PATIENTS	860

Males 35.5% Females 64.5 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	2.5%
Cancer	9.4	Genitourinary Sys.	2.4
Diabetes	6.1	Preg. & Childbirth	0.3
Diseases of Blood	2.3	Arthropathies	6.2
Dementia/Alzheimers	3.0	Osteopathies	4.7
Psychoses/Neuroses	0.4	Perinatal Period	0.3
Central Nervous Sys.	2.8	Ill-Defined Cond.	12.9
Paralysis/CP	0.1	Fractures	6.0
Cardiovascular	19.9	Wounds, Burns	7.1
Stroke	2.4	Compl. of Surgery	4.7
Respiratory	3.3	Other Conditions	3.3

REVENUE

Billings	\$ 2,084,221
Disallowances	82,756
Collections	2,001,465
Other	120,069
Total	2,121,534

EXPENSES

Total	\$ 2,098,987
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STAFFING**FTES**

Administrators	0.0
Reg. Nurse Supervisors	2.0
Registered Nurses	8.4
Licensed Practical Nurses	1.0
Home Health Aides	4.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	8.3
TOTAL FTES	23.7

Franciscan Skemp Medical Center HHS

212 South 11th Street
La Crosse WI 54601

La Crosse County

(608) 791-9790

COUNTIES SERVED

La Crosse
Monroe
Trempealeau
Vernon

License Number: 141

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 34

Number of unduplicated patients in 2001 = 391

TOTAL NUMBER OF ADMISSIONS 385

PERCENT ADMISSIONS FROM:

Private Residences	27.0%
General Hospitals	37.4
Nursing Homes	15.3
Other	20.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 392

PERCENT DISCHARGES TO:

Private Residences	78.8%
General Hospitals	4.3
Nursing Homes	7.4
Deaths	1.3
Other	8.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	306	3,763	12.3
Home Health Aide	78	4,351	55.8
Physical Therapy	161	1,192	7.4
Spch/Occ/Resp Therapy	55	192	3.5
Medical Social Service	4	7	1.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	9,505	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.3%	Medicare	66.5%
4 to 24	1.3	Medicaid	14.1
25 to 54	13.6	Other Federal	0.0
55 to 64	9.2	State Funds	1.0
65 to 74	16.6	Private Insurance	16.1
75 to 84	34.8	Self Pay	2.3
85 & over	24.3	Other	0.0
		TOTAL PATIENTS	391

Males 34.0% Females 66.0 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.8%	Digestive Disorders	4.1%
Cancer	8.2	Genitourinary Sys.	2.8
Diabetes	5.4	Preg. & Childbirth	0.0
Diseases of Blood	0.3	Arthropathies	14.3
Dementia/Alzheimers	0.5	Osteopathies	3.3
Psychoses/Neuroses	0.8	Perinatal Period	0.3
Central Nervous Sys.	2.6	Ill-Defined Cond.	9.7
Paralysis/CP	0.5	Fractures	3.8
Cardiovascular	11.5	Wounds, Burns	5.6
Stroke	2.6	Compl. of Surgery	3.1
Respiratory	6.6	Other Conditions	13.3

REVENUE

Billings	\$	844,988
Disallowances		222,356
Collections		622,632
Other		121
Total		622,753

EXPENSES

Total	\$	914,613
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	5.3
Licensed Practical Nurses	0.0
Home Health Aides	6.9
Physical Therapists	2.1
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	2.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.7
TOTAL FTES	19.2

Gundersen Lutheran Visiting Nurses, Inc.

811 Monitor Street, Suite 101

La Crosse WI 54603

La Crosse County

(608) 791-8400

License Number: 67

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 90

Number of unduplicated patients in 2001 = 579

COUNTIES SERVED

Buffalo

Crawford

Jackson

Juneau

La Crosse

Monroe

Trempealeau

Vernon

TOTAL NUMBER OF ADMISSIONS 446**PERCENT ADMISSIONS FROM:**

Private Residences 15.0%

General Hospitals 72.9

Nursing Homes 6.1

Other 6.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 483

PERCENT DISCHARGES TO:

Private Residences 74.5%

General Hospitals 7.0

Nursing Homes 6.2

Deaths 1.2

Other 11.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	404	4,321	10.7
Home Health Aide	156	20,627	132.2
Physical Therapy	335	1,643	4.9
Spch/Occ/Resp Therapy	130	336	2.6
Medical Social Service	24	27	1.1
Private Duty Nursing	14	3,413	243.8
Personal Care/PC RN Supv.	69	8,944	129.6
Other Home Health Care	9	13	1.4
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	39,324	XXXXXX

AGE AND SEX OF PATIENTS **PATIENT REIMBURSEMENT SOURCE**

Under 4	9.8%	Medicare	47.5%
4 to 24	9.8	Medicaid	31.6
25 to 54	16.8	Other Federal	0.1
55 to 64	7.9	State Funds	0.0
65 to 74	16.1	Private Insurance	19.2
75 to 84	26.4	Self Pay	1.6
85 & over	13.1	Other	0.0
		TOTAL PATIENTS	819

Males 42.3% Females 57.7 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.2%	Digestive Disorders	2.6%
Cancer	11.4	Genitourinary Sys.	3.8
Diabetes	2.9	Preg. & Childbirth	0.0
Diseases of Blood	0.3	Arthropathies	9.0
Dementia/Alzheimers	0.2	Osteopathies	2.1
Psychoses/Neuroses	1.7	Perinatal Period	5.2
Central Nervous Sys.	4.8	Ill-Defined Cond.	4.1
Paralysis/CP	4.1	Fractures	4.0
Cardiovascular	16.1	Wounds, Burns	3.3
Stroke	2.1	Compl. of Surgery	3.1
Respiratory	5.5	Other Conditions	12.4

REVENUE

Billings	\$ 3,684,723
Disallowances	984,379
Collections	2,700,344
Other	3,307
Total	2,703,651

EXPENSES

Total	\$ 2,924,399
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STAFFING**FTES**

Administrators	0.0
Reg. Nurse Supervisors	2.0
Registered Nurses	15.9
Licensed Practical Nurses	14.4
Home Health Aides	27.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	60.1

La Crosse County Health Department

300 4th Street, North
La Crosse WI 54601

La Crosse County

COUNTIES SERVED

La Crosse
Vernon

(608) 785-9823

License Number: 66

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 27

Number of unduplicated patients in 2001 = 121

TOTAL NUMBER OF ADMISSIONS 39

PERCENT ADMISSIONS FROM:

Private Residences	23.1%
General Hospitals	17.9
Nursing Homes	12.8
Other	46.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 26

PERCENT DISCHARGES TO:

Private Residences	19.2%
General Hospitals	19.2
Nursing Homes	7.7
Deaths	0.0
Other	53.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	81	2,164	26.7
Home Health Aide	46	5,901	128.3
Physical Therapy	5	142	28.4
Spch/Occ/Resp Therapy	1	29	29.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	70	6,459	92.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,695	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	49.5%
4 to 24	10.7	Medicaid	4.1
25 to 54	19.8	Other Federal	0.0
55 to 64	14.0	State Funds	17.3
65 to 74	13.2	Private Insurance	20.9
75 to 84	17.4	Self Pay	8.2
85 & over	24.8	Other	0.0
		TOTAL PATIENTS	196

Males 32.2% Females 67.8 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	3.3%
Cancer	0.8	Genitourinary Sys.	5.0
Diabetes	3.3	Preg. & Childbirth	0.0
Diseases of Blood	1.7	Arthropathies	2.5
Dementia/Alzheimers	0.0	Osteopathies	4.1
Psychoses/Neuroses	5.8	Perinatal Period	0.0
Central Nervous Sys.	6.6	Ill-Defined Cond.	3.3
Paralysis/CP	8.3	Fractures	2.5
Cardiovascular	19.0	Wounds, Burns	0.0
Stroke	2.5	Compl. of Surgery	0.8
Respiratory	5.8	Other Conditions	24.8

REVENUE

Billings	\$	957,787
Disallowances		181,492
Collections		776,295
Other		0
Total		776,295

EXPENSES

Total	\$	858,945
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.4
Licensed Practical Nurses	0.0
Home Health Aides	3.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.5
TOTAL FTES	12.7

Lafayette County Nursing Agency

729 Clay Street, PO Box 118
Darlington WI 53530

Lafayette County

COUNTIES SERVED

LaFayette

(608) 776-4895

License Number: 68

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 9

Number of unduplicated patients in 2001 = 136

TOTAL NUMBER OF ADMISSIONS 100**PERCENT ADMISSIONS FROM:**

Private Residences	48.0%
General Hospitals	38.0
Nursing Homes	14.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 101

PERCENT DISCHARGES TO:

Private Residences	65.3%
General Hospitals	6.9
Nursing Homes	14.9
Deaths	3.0
Other	9.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	120	2,321	19.3
Home Health Aide	37	1,092	29.5
Physical Therapy	38	182	4.8
Spch/Occ/Resp Therapy	11	36	3.3
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	40	586	14.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,217	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	65.5%
4 to 24	3.7	Medicaid	17.6
25 to 54	13.2	Other Federal	1.4
55 to 64	2.9	State Funds	0.0
65 to 74	15.4	Private Insurance	9.9
75 to 84	32.4	Self Pay	5.6
85 & over	32.4	Other	0.0
		TOTAL PATIENTS	142

Males 44.1% Females 55.9 %

PRIMARY DIAGNOSIS

Infectious Disorders	2.2%	Digestive Disorders	0.7%
Cancer	5.1	Genitourinary Sys.	1.5
Diabetes	5.9	Preg. & Childbirth	0.7
Diseases of Blood	8.1	Arthropathies	9.6
Dementia/Alzheimers	0.0	Osteopathies	0.7
Psychoses/Neuroses	1.5	Perinatal Period	0.0
Central Nervous Sys.	2.2	Ill-Defined Cond.	2.2
Paralysis/CP	0.7	Fractures	3.7
Cardiovascular	26.5	Wounds, Burns	2.2
Stroke	4.4	Compl. of Surgery	2.2
Respiratory	9.6	Other Conditions	10.3

REVENUE

Billings	\$	295,167
Disallowances		62,273
Collections		232,894
Other		4,974
Total		237,868

EXPENSES

Total	\$	345,386
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STAFFING**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	3.5
Licensed Practical Nurses	0.0
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	9.4

Langlade County Health Department

1225 Langlade Road
Antigo WI 54409

Langlade County

COUNTIES SERVED

Langlade

(715) 627-6250

License Number: 69
Ownership of Agency: County
Title 18 (Medicare) certified? No
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 5
Number of unduplicated patients in 2001 = 86

TOTAL NUMBER OF ADMISSIONS 22

PERCENT ADMISSIONS FROM:

Private Residences 40.9%
General Hospitals 22.7
Nursing Homes 18.2
Other 18.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 35

PERCENT DISCHARGES TO:

Private Residences 37.1%
General Hospitals 51.4
Nursing Homes 5.7
Deaths 5.7
Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	86	115	1.3
Home Health Aide	0	0	0.0
Physical Therapy	1	2	2.0
Spch/Occ/Resp Therapy	1	1	1.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	166	14,434	87.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,552	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 2.3	Medicaid 71.3
25 to 54 8.1	Other Federal 0.0
55 to 64 1.2	State Funds 0.0
65 to 74 7.0	Private Insurance 3.4
75 to 84 37.2	Self Pay 25.3
85 & over 44.2	Other 0.0
	TOTAL PATIENTS 87

Males 31.4% Females 68.6 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 3.5
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 29.1
Dementia/Alzheimers 1.2	Osteopathies 1.2
Psychoses/Neuroses 8.1	Perinatal Period 0.0
Central Nervous Sys. 8.1	Ill-Defined Cond. 14.0
Paralysis/CP 8.1	Fractures 7.0
Cardiovascular 8.1	Wounds, Burns 0.0
Stroke 4.7	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 7.0

REVENUE

Billings \$	338,784
Disallowances	22,093
Collections	316,691
Other	0
Total	316,691

EXPENSES

Total \$	585,682
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STAFFING

FTEs

Administrators 2.0
Reg. Nurse Supervisors 0.0
Registered Nurses 7.0
Licensed Practical Nurses 0.0
Home Health Aides 3.4
Physical Therapists 0.0
Occupational Therapists 0.0
Speech Pathologists 0.0
Respiratory Therapists 0.0
Medical Social Workers 0.0
Other Therapeutic Staff 0.0
Personal Care Workers 0.0
Homemakers 0.0
Other Staff 3.0
TOTAL FTEs 15.4

Holy Family Memorial Home Care

333 Reed Avenue, PO Box 1450

Manitowoc WI 54220

Manitowoc County

COUNTIES SERVED

Calumet

Manitowoc

(920) 683-8441

License Number: 143

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 53

Number of unduplicated patients in 2001 = 426

TOTAL NUMBER OF ADMISSIONS 379**PERCENT ADMISSIONS FROM:**

Private Residences 20.8%

General Hospitals 63.1

Nursing Homes 16.1

Other 0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 390

PERCENT DISCHARGES TO:

Private Residences 67.2%

General Hospitals 11.3

Nursing Homes 7.2

Deaths 3.6

Other 10.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	408	6,193	15.2
Home Health Aide	125	7,264	58.1
Physical Therapy	103	866	8.4
Spch/Occ/Resp Therapy	38	281	7.4
Medical Social Service	9	12	1.3
Private Duty Nursing	2	379	189.5
Personal Care/PC RN Supv.	90	4,780	53.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	19,775	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 67.2%
4 to 24 5.6	Medicaid 19.7
25 to 54 12.9	Other Federal 0.4
55 to 64 8.2	State Funds 0.0
65 to 74 15.5	Private Insurance 12.1
75 to 84 32.4	Self Pay 0.4
85 & over 24.6	Other 0.2
	TOTAL PATIENTS 488

Males 39.9% Females 60.1 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.2%	Digestive Disorders 4.2%
Cancer 6.8	Genitourinary Sys. 3.8
Diabetes 6.6	Preg. & Childbirth 0.9
Diseases of Blood 0.7	Arthropathies 9.4
Dementia/Alzheimers 0.0	Osteopathies 0.9
Psychoses/Neuroses 0.5	Perinatal Period 0.2
Central Nervous Sys. 2.6	Ill-Defined Cond. 5.4
Paralysis/CP 2.1	Fractures 7.5
Cardiovascular 24.2	Wounds, Burns 1.6
Stroke 3.3	Compl. of Surgery 2.3
Respiratory 7.7	Other Conditions 8.9

REVENUE

Billings	\$ 1,502,752
Disallowances	291,795
Collections	1,210,957
Other	0
Total	1,210,957

EXPENSES

Total	\$ 1,652,846
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.9
Registered Nurses	8.5
Licensed Practical Nurses	0.0
Home Health Aides	13.5
Physical Therapists	0.8
Occupational Therapists	0.5
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.8
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	33.9

Homecare Health Services, Inc.

1004 Washington Street
Manitowoc WI 54220

Manitowoc County

COUNTIES SERVED

Manitowoc

(920) 684-7155

License Number: 1

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 16

Number of unduplicated patients in 2001 = 89

TOTAL NUMBER OF ADMISSIONS 105

PERCENT ADMISSIONS FROM:

Private Residences	65.7%
General Hospitals	1.9
Nursing Homes	0.0
Other	32.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 90

PERCENT DISCHARGES TO:

Private Residences	71.1%
General Hospitals	13.3
Nursing Homes	6.7
Deaths	3.3
Other	5.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	71	785	11.1
Home Health Aide	21	834	39.7
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	86	4,997	58.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,616	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	46.4%
4 to 24	11.2	Medicaid	47.4
25 to 54	10.1	Other Federal	0.0
55 to 64	2.2	State Funds	2.1
65 to 74	21.3	Private Insurance	4.1
75 to 84	25.8	Self Pay	0.0
85 & over	29.2	Other	0.0
		TOTAL PATIENTS	97

Males 38.2% Females 61.8 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	1.1%
Cancer	3.4	Genitourinary Sys.	4.5
Diabetes	4.5	Preg. & Childbirth	0.0
Diseases of Blood	1.1	Arthropathies	11.2
Dementia/Alzheimers	1.1	Osteopathies	1.1
Psychoses/Neuroses	1.1	Perinatal Period	0.0
Central Nervous Sys.	7.9	Ill-Defined Cond.	13.5
Paralysis/CP	7.9	Fractures	0.0
Cardiovascular	15.7	Wounds, Burns	3.4
Stroke	5.6	Compl. of Surgery	0.0
Respiratory	4.5	Other Conditions	12.4

REVENUE

Billings	\$	251,711
Disallowances		14,840
Collections		236,871
Other		0
Total		236,871

EXPENSES

Total	\$	241,071
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STAFFING**FTES**

Administrators	0.3
Reg. Nurse Supervisors	0.3
Registered Nurses	1.0
Licensed Practical Nurses	0.0
Home Health Aides	0.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.3
Homemakers	0.0
Other Staff	0.7
TOTAL FTES	4.3

Interim Healthcare

2402 Grand Avenue
Wausau WI 54403

Marathon County

(715) 842-7707

COUNTIES SERVED

Lincoln
Marathon
Portage
Shawano

License Number: 277

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 13

Number of unduplicated patients in 2001 = 151

TOTAL NUMBER OF ADMISSIONS 143

PERCENT ADMISSIONS FROM:

Private Residences	27.3%
General Hospitals	58.0
Nursing Homes	9.1
Other	5.6

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 145

PERCENT DISCHARGES TO:

Private Residences	67.6%
General Hospitals	22.8
Nursing Homes	4.8
Deaths	0.0
Other	4.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	111	1,989	17.9
Home Health Aide	34	3,319	97.6
Physical Therapy	73	843	11.5
Spch/Occ/Resp Therapy	9	33	3.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	24	1,761	73.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,945	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 70.1%
4 to 24 2.6	Medicaid 10.4
25 to 54 19.9	Other Federal 0.0
55 to 64 6.0	State Funds 0.0
65 to 74 15.2	Private Insurance 18.2
75 to 84 28.5	Self Pay 1.3
85 & over 27.2	Other 0.0
	TOTAL PATIENTS 154

Males 32.5% Females 67.5 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.7%	Digestive Disorders 9.3%
Cancer 6.0	Genitourinary Sys. 1.3
Diabetes 4.0	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 24.5
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 7.3	Ill-Defined Cond. 6.0
Paralysis/CP 2.0	Fractures 6.0
Cardiovascular 14.6	Wounds, Burns 5.3
Stroke 0.7	Compl. of Surgery 1.3
Respiratory 3.3	Other Conditions 7.3

REVENUE

Billings \$	620,297
Disallowances	10,367
Collections	609,930
Other	0
Total	609,930

EXPENSES

Total \$	562,228
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.0
Licensed Practical Nurses	0.1
Home Health Aides	2.1
Physical Therapists	0.5
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.6
Homemakers	0.0
Other Staff	2.5
TOTAL FTES	8.7

VNA Home Health, Inc.

520 North 32nd Avenue
Wausau WI 54401

Marathon County

(715) 847-2600

License Number: 73

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 166

Number of unduplicated patients in 2001 = 1,833

COUNTIES SERVED

Adams
Clark
Forest
Langlade
Lincoln
Marathon
Oconto
Oneida
Portage
Price
Shawano
Taylor
Wood

TOTAL NUMBER OF ADMISSIONS 1,654

PERCENT ADMISSIONS FROM:

Private Residences 37.5%
General Hospitals 52.1
Nursing Homes 9.6
Other 0.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1,515

PERCENT DISCHARGES TO:

Private Residences 76.1%
General Hospitals 7.7
Nursing Homes 4.7
Deaths 3.0
Other 8.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,474	23,314	15.8
Home Health Aide	361	33,507	92.8
Physical Therapy	543	2,205	4.1
Spch/Occ/Resp Therapy	240	1,155	4.8
Medical Social Service	3	3	1.0
Private Duty Nursing	14	1,056	75.4
Personal Care/PC RN Supv.	396	22,338	56.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	43	14.3
TOTAL	XXXXXXX	83,621	XXXXXX

AGE AND SEX OF PATIENTS **PATIENT REIMBURSEMENT SOURCE**

Under 4	5.4%	Medicare	64.7%
4 to 24	2.9	Medicaid	15.5
25 to 54	13.9	Other Federal	0.1
55 to 64	9.3	State Funds	0.9
65 to 74	19.1	Private Insurance	16.6
75 to 84	30.3	Self Pay	2.2
85 & over	19.1	Other	0.0
		TOTAL PATIENTS	1,928

Males 39.6% Females 60.4 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.8%	Digestive Disorders	0.8%
Cancer	7.4	Genitourinary Sys.	2.8
Diabetes	6.6	Preg. & Childbirth	0.5
Diseases of Blood	0.4	Arthropathies	8.9
Dementia/Alzheimers	1.7	Osteopathies	1.6
Psychoses/Neuroses	1.0	Perinatal Period	3.9
Central Nervous Sys.	3.3	Ill-Defined Cond.	7.9
Paralysis/CP	2.2	Fractures	7.1
Cardiovascular	15.4	Wounds, Burns	5.6
Stroke	3.7	Compl. of Surgery	2.3
Respiratory	4.8	Other Conditions	10.1

REVENUE

Billings	\$ 6,722,399
Disallowances	1,398,379
Collections	5,324,020
Other	98,879
Total	5,422,899

EXPENSES

Total	\$ 5,416,167
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STAFFING

FTES

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	27.1
Licensed Practical Nurses	0.8
Home Health Aides	28.4
Physical Therapists	4.5
Occupational Therapists	1.6
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	9.4
Homemakers	0.0
Other Staff	20.2
TOTAL FTES	93.9

Caregivers Home Health

3900 Hall Avenue, Suite A
Marinette WI 54143

Marinette County

COUNTIES SERVED

Marinette

(920) 233-2081

License Number: 1005

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 50

Number of unduplicated patients in 2001 = 132

TOTAL NUMBER OF ADMISSIONS 90

PERCENT ADMISSIONS FROM:

Private Residences	53.3%
General Hospitals	18.9
Nursing Homes	0.0
Other	27.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 58

PERCENT DISCHARGES TO:

Private Residences	43.1%
General Hospitals	36.2
Nursing Homes	1.7
Deaths	6.9
Other	12.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	99	1,738	17.6
Home Health Aide	36	4,158	115.5
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	424	212.0
Personal Care/PC RN Supv.	100	14,146	141.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	20,466	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.3%	Medicare 1.6%
4 to 24 3.8	Medicaid 56.3
25 to 54 15.2	Other Federal 0.0
55 to 64 15.9	State Funds 0.0
65 to 74 26.5	Private Insurance 40.5
75 to 84 28.0	Self Pay 1.6
85 & over 8.3	Other 0.0
	TOTAL PATIENTS 190

Males 44.7% Females 55.3 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	%
Infectious Disorders	0.0%
Cancer	7.6
Diabetes	29.5
Diseases of Blood	0.0
Dementia/Alzheimers	0.8
Psychoses/Neuroses	1.5
Central Nervous Sys.	0.8
Paralysis/CP	5.3
Cardiovascular	1.5
Stroke	9.8
Respiratory	15.9

PRIMARY DIAGNOSIS	%
Digestive Disorders	1.5%
Genitourinary Sys.	0.0
Preg. & Childbirth	0.0
Arthropathies	5.3
Osteopathies	5.3
Perinatal Period	0.8
Ill-Defined Cond.	0.0
Fractures	0.0
Wounds, Burns	6.1
Compl. of Surgery	0.0
Other Conditions	8.3

REVENUE

Billings	\$ 1,107,677
Disallowances	314,085
Collections	793,592
Other	0
Total	793,592

EXPENSES

Total	\$ 780,220
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STAFFING

FTES

Administrators	0.5
Reg. Nurse Supervisors	1.5
Registered Nurses	0.5
Licensed Practical Nurses	2.3
Home Health Aides	5.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	18.5
Homemakers	1.0
Other Staff	1.6
TOTAL FTES	31.5

Northland Lutheran Home Health Service, Inc.

1105 Northland Terrace Lane
Marinette WI 54143

Marinette County

COUNTIES SERVED

Marinette

(715) 735-6222

License Number: 256

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 24

Number of unduplicated patients in 2001 = 310

TOTAL NUMBER OF ADMISSIONS 307

PERCENT ADMISSIONS FROM:

Private Residences	28.3%
General Hospitals	59.3
Nursing Homes	12.1
Other	0.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 308

PERCENT DISCHARGES TO:

Private Residences	73.7%
General Hospitals	2.3
Nursing Homes	12.7
Deaths	8.4
Other	2.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	310	4,585	14.8
Home Health Aide	115	2,619	22.8
Physical Therapy	74	892	12.1
Spch/Occ/Resp Therapy	18	104	5.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	17	318	18.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,518	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	81.8%
4 to 24	0.0	Medicaid	3.8
25 to 54	8.4	Other Federal	0.0
55 to 64	8.4	State Funds	0.0
65 to 74	20.3	Private Insurance	11.6
75 to 84	36.1	Self Pay	2.5
85 & over	26.8	Other	0.3
		TOTAL PATIENTS	318

Males 36.1% Females 63.9 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.3%	Digestive Disorders	5.5%
Cancer	11.0	Genitourinary Sys.	2.6
Diabetes	8.4	Preg. & Childbirth	0.0
Diseases of Blood	2.6	Arthropathies	7.7
Dementia/Alzheimers	0.6	Osteopathies	0.6
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	2.3	Ill-Defined Cond.	7.1
Paralysis/CP	0.0	Fractures	5.2
Cardiovascular	20.0	Wounds, Burns	3.2
Stroke	4.2	Compl. of Surgery	3.2
Respiratory	6.8	Other Conditions	8.7

REVENUE

Billings	\$	792,824
Disallowances		144,411
Collections		648,413
Other		5,095
Total		653,508

EXPENSES

Total	\$	679,879
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STAFFING**FTES**

Administrators	0.8
Reg. Nurse Supervisors	1.1
Registered Nurses	4.7
Licensed Practical Nurses	0.0
Home Health Aides	3.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	11.4

Northland Home Health Agency

629 South Charles Street
Westfield WI 53964

Marquette County

COUNTIES SERVED

Adams
Marquette
Waushara

(608) 296-3811

License Number: 241

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 35

Number of unduplicated patients in 2001 = 198

TOTAL NUMBER OF ADMISSIONS 201

PERCENT ADMISSIONS FROM:

Private Residences	54.2%
General Hospitals	32.8
Nursing Homes	10.0
Other	3.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 197

PERCENT DISCHARGES TO:

Private Residences	63.5%
General Hospitals	17.3
Nursing Homes	7.6
Deaths	4.1
Other	7.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	170	4,117	24.2
Home Health Aide	80	4,489	56.1
Physical Therapy	64	503	7.9
Spch/Occ/Resp Therapy	44	213	4.8
Medical Social Service	14	29	2.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	106	4,224	39.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,575	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	64.8%
4 to 24	2.5	Medicaid	25.9
25 to 54	11.6	Other Federal	0.5
55 to 64	7.6	State Funds	1.9
65 to 74	22.7	Private Insurance	2.3
75 to 84	30.8	Self Pay	4.6
85 & over	24.7	Other	0.0
		TOTAL PATIENTS	216

Males 38.4% Females 61.6 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.0%	Digestive Disorders	4.5%
Cancer	7.6	Genitourinary Sys.	5.1
Diabetes	11.1	Preg. & Childbirth	0.5
Diseases of Blood	0.5	Arthropathies	13.6
Dementia/Alzheimers	1.0	Osteopathies	1.5
Psychoses/Neuroses	1.0	Perinatal Period	0.0
Central Nervous Sys.	4.0	Ill-Defined Cond.	0.0
Paralysis/CP	1.5	Fractures	6.1
Cardiovascular	13.1	Wounds, Burns	6.6
Stroke	5.1	Compl. of Surgery	1.5
Respiratory	12.1	Other Conditions	2.5

REVENUE

Billings	\$ 1,042,030
Disallowances	225,934
Collections	816,096
Other	0
Total	816,096

EXPENSES

Total	\$ 750,638
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STAFFING**FTES**

Administrators	0.7
Reg. Nurse Supervisors	0.3
Registered Nurses	5.0
Licensed Practical Nurses	0.0
Home Health Aides	2.6
Physical Therapists	0.5
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.5
Homemakers	0.0
Other Staff	2.5
TOTAL FTES	14.1

Horizon Home Care & Hospice

8949 North Deerbrook Trail

Brown Deer WI 53223

Milwaukee County

(414) 365-8300

License Number: 150

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 250

Number of unduplicated patients in 2001 = 5,758

COUNTIES SERVED

Dodge

Kenosha

Milwaukee

Ozaukee

Racine

Washington

Waukesha

TOTAL NUMBER OF ADMISSIONS 5,096**PERCENT ADMISSIONS FROM:**

Private Residences 3.1%

General Hospitals 85.7

Nursing Homes 3.1

Other 8.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 5,062

PERCENT DISCHARGES TO:

Private Residences 72.7%

General Hospitals 13.7

Nursing Homes 0.4

Deaths 2.1

Other 11.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2,592	53,979	20.8
Home Health Aide	795	21,415	26.9
Physical Therapy	1,968	16,020	8.1
Spch/Occ/Resp Therapy	625	4,156	6.6
Medical Social Service	227	304	1.3
Private Duty Nursing	264	12,762	48.3
Personal Care/PC RN Supv.	182	12,383	68.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	244	8,615	35.3
TOTAL	XXXXXXX	129,634	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.7%	Medicare 33.6%
4 to 24 2.9	Medicaid 5.7
25 to 54 19.1	Other Federal 0.0
55 to 64 12.6	State Funds 34.5
65 to 74 20.1	Private Insurance 21.1
75 to 84 25.3	Self Pay 4.3
85 & over 13.5	Other 0.9
	TOTAL PATIENTS 9,412

Males 40.4% Females 59.6 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.8%	Digestive Disorders 3.9%
Cancer 14.5	Genitourinary Sys. 2.5
Diabetes 5.4	Preg. & Childbirth 0.6
Diseases of Blood 1.0	Arthropathies 10.7
Dementia/Alzheimers 0.8	Osteopathies 1.5
Psychoses/Neuroses 1.7	Perinatal Period 5.7
Central Nervous Sys. 2.8	Ill-Defined Cond. 2.9
Paralysis/CP 0.6	Fractures 4.2
Cardiovascular 11.2	Wounds, Burns 1.8
Stroke 2.8	Compl. of Surgery 4.6
Respiratory 5.6	Other Conditions 14.4

REVENUE

Billings	\$ 14,337,918
Disallowances	2,485,560
Collections	11,852,358
Other	132,333
Total	11,984,691

EXPENSES

Total	\$ 11,073,591
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	14.0
Registered Nurses	61.9
Licensed Practical Nurses	10.9
Home Health Aides	50.4
Physical Therapists	12.9
Occupational Therapists	2.5
Speech Pathologists	0.7
Respiratory Therapists	0.0
Medical Social Workers	3.5
Other Therapeutic Staff	2.3
Personal Care Workers	6.8
Homemakers	15.9
Other Staff	55.6
TOTAL FTES	238.4

ANS Home Health Services, Inc.

4369 South Howell Avenue, 301

Milwaukee WI 53207

Milwaukee County

COUNTIES SERVED

Milwaukee

Washington

Waukesha

(414) 481-9800

License Number: 306

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 215

Number of unduplicated patients in 2001 = 357

TOTAL NUMBER OF ADMISSIONS 216**PERCENT ADMISSIONS FROM:**

Private Residences 60.6%

General Hospitals 32.4

Nursing Homes 6.5

Other 0.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 145

PERCENT DISCHARGES TO:

Private Residences 44.8%

General Hospitals 31.0

Nursing Homes 6.9

Deaths 8.3

Other 9.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	78	13,068	167.5
Home Health Aide	38	18,845	495.9
Physical Therapy	8	191	23.9
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	560	70,291	125.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	796	265.3
TOTAL	XXXXXXX	103,191	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 0.0%
4 to 24 4.5	Medicaid 84.3
25 to 54 15.7	Other Federal 1.0
55 to 64 14.0	State Funds 5.6
65 to 74 23.5	Private Insurance 3.3
75 to 84 29.7	Self Pay 5.8
85 & over 12.0	Other 0.0
	TOTAL PATIENTS 394

Males 38.4% Females 61.6 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.6%	Digestive Disorders 0.0%
Cancer 2.0	Genitourinary Sys. 2.0
Diabetes 4.8	Preg. & Childbirth 0.0
Diseases of Blood 1.4	Arthropathies 11.5
Dementia/Alzheimers 3.4	Osteopathies 27.7
Psychoses/Neuroses 2.8	Perinatal Period 0.0
Central Nervous Sys. 4.8	Ill-Defined Cond. 5.9
Paralysis/CP 6.7	Fractures 1.4
Cardiovascular 4.8	Wounds, Burns 7.3
Stroke 8.1	Compl. of Surgery 0.3
Respiratory 2.5	Other Conditions 2.2

REVENUE

Billings	\$ 6,917,813
Disallowances	2,480,585
Collections	4,437,228
Other	0
Total	4,437,228

EXPENSES

Total	\$ 4,351,396
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	9.0
Registered Nurses	3.0
Licensed Practical Nurses	1.0
Home Health Aides	42.1
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	74.0
Homemakers	0.1
Other Staff	10.0
TOTAL FTES	140.3

Affiliated Home Health Care, Inc.

816 West National Avenue
Milwaukee WI 53204

Milwaukee County

COUNTIES SERVED

Milwaukee

(414) 389-0371

License Number: 326

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 60

Number of unduplicated patients in 2001 = 166

TOTAL NUMBER OF ADMISSIONS 66

PERCENT ADMISSIONS FROM:

Private Residences	71.2%
General Hospitals	4.5
Nursing Homes	9.1
Other	15.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 52

PERCENT DISCHARGES TO:

Private Residences	65.4%
General Hospitals	17.3
Nursing Homes	7.7
Deaths	0.0
Other	9.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	165	8,830	53.5
Home Health Aide	16	2,660	166.3
Physical Therapy	16	150	9.4
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	160	13,493	84.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	63	4,557	72.3
TOTAL	XXXXXXX	29,690	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 6.6%
4 to 24 7.8	Medicaid 79.0
25 to 54 35.5	Other Federal 0.0
55 to 64 21.1	State Funds 12.7
65 to 74 15.7	Private Insurance 0.6
75 to 84 13.3	Self Pay 1.1
85 & over 6.6	Other 0.0
	TOTAL PATIENTS 181

Males 41.0% Females 59.0 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.6%
Cancer 16.3	Genitourinary Sys. 3.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 3.0
Dementia/Alzheimers 3.6	Osteopathies 1.2
Psychoses/Neuroses 36.7	Perinatal Period 0.0
Central Nervous Sys. 5.4	Ill-Defined Cond. 1.8
Paralysis/CP 4.2	Fractures 0.6
Cardiovascular 5.4	Wounds, Burns 2.4
Stroke 4.8	Compl. of Surgery 0.0
Respiratory 3.0	Other Conditions 7.8

REVENUE

Billings \$	926,659
Disallowances	14,217
Collections	912,442
Other	0
Total	912,442

EXPENSES

Total \$	886,801
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STAFFING**FTES**

Administrators	1.4
Reg. Nurse Supervisors	0.3
Registered Nurses	2.6
Licensed Practical Nurses	0.2
Home Health Aides	3.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	16.4
Homemakers	0.4
Other Staff	2.7
TOTAL FTES	27.6

Barry Healthcare Services, Inc.

312 East Wisconsin Avenue
Milwaukee WI 53202

Milwaukee County

COUNTIES SERVED

Milwaukee
Waukesha

(414) 272-9990

License Number: 123

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 85

Number of unduplicated patients in 2001 = 244

TOTAL NUMBER OF ADMISSIONS 245

PERCENT ADMISSIONS FROM:

Private Residences	78.4%
General Hospitals	17.1
Nursing Homes	2.4
Other	2.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 217

PERCENT DISCHARGES TO:

Private Residences	44.2%
General Hospitals	47.5
Nursing Homes	3.7
Deaths	1.4
Other	3.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	244	7,180	29.4
Home Health Aide	43	6,869	159.7
Physical Therapy	4	23	5.8
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	5	717	143.4
Personal Care/PC RN Supv.	378	32,754	86.7
Other Home Health Care	4	264	66.0
Homemkr & Other Non HH	7	563	80.4
TOTAL	XXXXXXX	48,370	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.8%	Medicare	2.8%
4 to 24	8.2	Medicaid	70.9
25 to 54	25.0	Other Federal	0.0
55 to 64	17.2	State Funds	20.7
65 to 74	17.2	Private Insurance	3.6
75 to 84	18.0	Self Pay	0.0
85 & over	13.5	Other	2.0
		TOTAL PATIENTS	251

Males 40.2% Females 59.8 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	4.9	Genitourinary Sys.	2.9
Diabetes	4.1	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	16.8
Dementia/Alzheimers	2.5	Osteopathies	1.2
Psychoses/Neuroses	0.8	Perinatal Period	0.0
Central Nervous Sys.	7.4	Ill-Defined Cond.	1.2
Paralysis/CP	15.2	Fractures	1.2
Cardiovascular	5.7	Wounds, Burns	0.8
Stroke	9.8	Compl. of Surgery	0.4
Respiratory	7.8	Other Conditions	17.2

REVENUE

Billings	\$ 3,140,327
Disallowances	1,039,039
Collections	2,101,288
Other	86,366
Total	2,187,654

EXPENSES

Total	\$ 3,101,879
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	5.9
Licensed Practical Nurses	6.9
Home Health Aides	28.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	44.1
Homemakers	0.4
Other Staff	8.0
TOTAL FTES	95.6

Covenant Home Health & Hospice, Inc.

9688 West Appleton Avenue
Milwaukee WI 53225

Milwaukee County

(414) 535-6900

License Number: 179

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 244

Number of unduplicated patients in 2001 = 6,082

COUNTIES SERVED

Kenosha
Milwaukee
Ozaukee
Racine
Washington
Waukesha

TOTAL NUMBER OF ADMISSIONS 6,025

PERCENT ADMISSIONS FROM:

Private Residences	25.3%
General Hospitals	68.2
Nursing Homes	6.3
Other	0.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 5,457

PERCENT DISCHARGES TO:

Private Residences	84.7%
General Hospitals	4.5
Nursing Homes	2.1
Deaths	2.8
Other	5.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	.	.	.
Home Health Aide	535	25,536	47.7
Physical Therapy	2,369	11,780	5.0
Spch/Occ/Resp Therapy	752	4,038	5.4
Medical Social Service	264	706	2.7
Private Duty Nursing	8	2,671	333.9
Personal Care/PC RN Supv.	12	2,460	205.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	29	934	32.2
TOTAL	XXXXXXX	106,105	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 14.3%	Medicare 51.0%
4 to 24 2.5	Medicaid 4.0
25 to 54 14.5	Other Federal 0.0
55 to 64 9.9	State Funds 0.0
65 to 74 17.5	Private Insurance 43.0
75 to 84 25.5	Self Pay 2.0
85 & over 15.8	Other 0.0
	TOTAL PATIENTS 6,082

Males 42.1% Females 57.9 %

PRIMARY DIAGNOSIS

Infectious Disorders 1.0%	Digestive Disorders 3.8%
Cancer 8.3	Genitourinary Sys. 2.8
Diabetes 3.3	Preg. & Childbirth 0.4
Diseases of Blood 0.8	Arthropathies 9.1
Dementia/Alzheimers 0.3	Osteopathies 1.4
Psychoses/Neuroses 0.8	Perinatal Period 11.7
Central Nervous Sys. 2.3	Ill-Defined Cond. 6.3
Paralysis/CP 0.6	Fractures 5.4
Cardiovascular 15.7	Wounds, Burns 2.0
Stroke 3.7	Compl. of Surgery 5.8
Respiratory 6.3	Other Conditions 8.2

REVENUE

Billings	\$ 11,387,934
Disallowances	2,344,010
Collections	9,043,924
Other	46,695
Total	9,090,619

EXPENSES

Total	\$ 8,856,359
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	8.8
Registered Nurses	80.0
Licensed Practical Nurses	11.3
Home Health Aides	33.6
Physical Therapists	13.3
Occupational Therapists	3.4
Speech Pathologists	2.0
Respiratory Therapists	0.0
Medical Social Workers	4.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.4
Other Staff	22.2
TOTAL FTES	179.9

Laabs Home Health Care, Inc.

619 North 35th
Milwaukee WI 53208

Milwaukee County

COUNTIES SERVED

Milwaukee
Waukesha

(414) 342-7442

License Number: 147

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 34

Number of unduplicated patients in 2001 = 87

TOTAL NUMBER OF ADMISSIONS 36

PERCENT ADMISSIONS FROM:

Private Residences	30.6%
General Hospitals	13.9
Nursing Homes	0.0
Other	55.6

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 43

PERCENT DISCHARGES TO:

Private Residences	46.5%
General Hospitals	37.2
Nursing Homes	9.3
Deaths	2.3
Other	4.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	46	13,537	294.3
Home Health Aide	13	3,549	273.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	7	1,792	256.0
Personal Care/PC RN Supv.	58	4,205	72.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	23,083	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 18.2%
4 to 24 18.4	Medicaid 58.6
25 to 54 28.7	Other Federal 0.0
55 to 64 10.3	State Funds 14.1
65 to 74 11.5	Private Insurance 0.0
75 to 84 16.1	Self Pay 0.0
85 & over 14.9	Other 9.1
	TOTAL PATIENTS 99

Males 46.0% Females 54.0 %

PRIMARY DIAGNOSIS

Infectious Disorders 2.3%	Digestive Disorders 0.0%
Cancer 1.1	Genitourinary Sys. 4.6
Diabetes 39.1	Preg. & Childbirth 0.0
Diseases of Blood 3.4	Arthropathies 6.9
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 2.3	Perinatal Period 1.1
Central Nervous Sys. 5.7	Ill-Defined Cond. 2.3
Paralysis/CP 5.7	Fractures 0.0
Cardiovascular 2.3	Wounds, Burns 1.1
Stroke 1.1	Compl. of Surgery 0.0
Respiratory 3.4	Other Conditions 17.2

REVENUE

Billings	\$ 1,579,485
Disallowances	275,008
Collections	1,304,477
Other	3,000
Total	1,307,477

EXPENSES

Total	\$ 1,360,034
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STAFFING**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.8
Licensed Practical Nurses	6.0
Home Health Aides	3.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.9
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	26.3

Metro Home Health Services, Inc.

6014 West Congress Street
Milwaukee WI 53218

Milwaukee County

COUNTIES SERVED

Milwaukee

(414) 464-4491

License Number: 23
Ownership of Agency: Proprietary Corporation
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 126
Number of unduplicated patients in 2001 = 214

TOTAL NUMBER OF ADMISSIONS 99

PERCENT ADMISSIONS FROM:

Private Residences	12.1%
General Hospitals	73.7
Nursing Homes	0.0
Other	14.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 95

PERCENT DISCHARGES TO:

Private Residences	27.4%
General Hospitals	42.1
Nursing Homes	8.4
Deaths	10.5
Other	11.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	110	1,535	14.0
Home Health Aide	19	1,017	53.5
Physical Therapy	21	331	15.8
Spch/Occ/Resp Therapy	1	6	6.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	416	47,770	114.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	2	342	171.0
TOTAL	XXXXXXX	51,001	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 9.9%
4 to 24 2.3	Medicaid 65.2
25 to 54 20.6	Other Federal 0.0
55 to 64 14.0	State Funds 22.5
65 to 74 24.3	Private Insurance 0.8
75 to 84 24.3	Self Pay 0.0
85 & over 14.5	Other 1.6
	TOTAL PATIENTS 253

Males 27.6% Females 72.4 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.9%
Cancer 2.3	Genitourinary Sys. 4.2
Diabetes 5.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 20.1
Dementia/Alzheimers 3.7	Osteopathies 0.0
Psychoses/Neuroses 4.7	Perinatal Period 0.0
Central Nervous Sys. 3.3	Ill-Defined Cond. 1.4
Paralysis/CP 9.8	Fractures 2.8
Cardiovascular 10.3	Wounds, Burns 0.9
Stroke 14.5	Compl. of Surgery 0.0
Respiratory 5.1	Other Conditions 10.3

REVENUE

Billings	\$ 3,562,588
Disallowances	976,714
Collections	2,585,874
Other	167,670
Total	2,753,544

EXPENSES

Total	\$ 2,664,445
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.6
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	72.3
Homemakers	7.4
Other Staff	12.3
TOTAL FTES	96.8

Midamerica Healthcare Corporation of Wisconsin
 905 West Appleton Avenue, #201
 Milwaukee WI 53218 Milwaukee County

COUNTIES SERVED
 Milwaukee
 Waukesha

(414) 578-2961

License Number: 309
 Ownership of Agency: Proprietary Corporation
 Title 18 (Medicare) certified? Yes
 Title 19 (Medicaid) certified? Yes
 Affiliated with a hospital? No
 Number of patients visited on 12/6/2001 = 320
 Number of unduplicated patients in 2001 = 448

TOTAL NUMBER OF ADMISSIONS 103

PERCENT ADMISSIONS FROM:

Private Residences	79.6%
General Hospitals	11.7
Nursing Homes	2.9
Other	5.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 148

PERCENT DISCHARGES TO:

Private Residences	39.9%
General Hospitals	10.8
Nursing Homes	0.0
Deaths	10.1
Other	39.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	99	663	6.7
Home Health Aide	19	1,335	70.3
Physical Therapy	29	238	8.2
Spch/Occ/Resp Therapy	13	125	9.6
Medical Social Service	3	3	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	745	184,534	247.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	5	88	17.6
TOTAL	XXXXXXX	186,986	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.2%	Medicare 3.3%
4 to 24 4.0	Medicaid 87.5
25 to 54 10.0	Other Federal 0.0
55 to 64 10.3	State Funds 9.2
65 to 74 25.9	Private Insurance 0.0
75 to 84 35.9	Self Pay 0.0
85 & over 13.6	Other 0.0
	TOTAL PATIENTS 448

Males 32.8% Females 67.2 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.2%	Digestive Disorders 0.4%
Cancer 0.7	Genitourinary Sys. 1.8
Diabetes 1.6	Preg. & Childbirth 0.0
Diseases of Blood 0.9	Arthropathies 39.3
Dementia/Alzheimers 1.3	Osteopathies 2.7
Psychoses/Neuroses 3.3	Perinatal Period 0.2
Central Nervous Sys. 3.6	Ill-Defined Cond. 6.9
Paralysis/CP 3.8	Fractures 2.2
Cardiovascular 7.4	Wounds, Burns 2.0
Stroke 8.3	Compl. of Surgery 0.0
Respiratory 4.9	Other Conditions 8.5

REVENUE

Billings	\$ 5,876,599
Disallowances	11,675
Collections	5,864,924
Other	0
Total	5,864,924

EXPENSES

Total	\$ 5,719,165
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STAFFING

FTES

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	8.1
Licensed Practical Nurses	0.0
Home Health Aides	5.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	156.0
Homemakers	0.1
Other Staff	6.2
TOTAL FTES	177.8

Preferred Home Health Services, LLC

10919 West Bluemound Road
Milwaukee WI 53226

Milwaukee County

COUNTIES SERVED

Milwaukee
Washington
Waukesha

(414) 774-3901

License Number: 278

Ownership of Agency: Limited Liability Partnership

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 67

Number of unduplicated patients in 2001 = 181

TOTAL NUMBER OF ADMISSIONS 163

PERCENT ADMISSIONS FROM:

Private Residences	87.1%
General Hospitals	10.4
Nursing Homes	0.0
Other	2.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 141

PERCENT DISCHARGES TO:

Private Residences	39.0%
General Hospitals	11.3
Nursing Homes	2.8
Deaths	5.7
Other	41.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	67	5,439	81.2
Home Health Aide	38	4,172	109.8
Physical Therapy	14	154	11.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	1	124	124.0
Personal Care/PC RN Supv.	204	13,770	67.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	217	72.3
TOTAL	XXXXXXX	23,876	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 13.0%
4 to 24 4.4	Medicaid 67.8
25 to 54 39.8	Other Federal 0.5
55 to 64 11.0	State Funds 11.1
65 to 74 16.6	Private Insurance 1.9
75 to 84 17.1	Self Pay 5.8
85 & over 10.5	Other 0.0
	TOTAL PATIENTS 208

Males 26.0% Females 74.0 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.6%
Cancer 1.7	Genitourinary Sys. 3.3
Diabetes 4.4	Preg. & Childbirth 0.0
Diseases of Blood 3.9	Arthropathies 19.3
Dementia/Alzheimers 2.2	Osteopathies 1.7
Psychoses/Neuroses 6.6	Perinatal Period 0.0
Central Nervous Sys. 2.8	Ill-Defined Cond. 14.4
Paralysis/CP 9.9	Fractures 1.7
Cardiovascular 5.0	Wounds, Burns 6.6
Stroke 2.2	Compl. of Surgery 0.0
Respiratory 3.9	Other Conditions 9.9

REVENUE

Billings	\$ 1,437,597
Disallowances	407,985
Collections	1,029,612
Other	0
Total	1,029,612

EXPENSES

Total	\$ 835,027
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	5.1
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	15.5
Homemakers	0.3
Other Staff	3.1
TOTAL FTES	27.1

St. John's Home Health Service

1840 North Prospect Avenue

Milwaukee WI 53202

Milwaukee County

(414) 272-2022

COUNTIES SERVED

Milwaukee

Ozaukee

Racine

Waukesha

License Number: 167

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 19

Number of unduplicated patients in 2001 = 152

TOTAL NUMBER OF ADMISSIONS 43**PERCENT ADMISSIONS FROM:**

Private Residences 67.4%

General Hospitals 4.7

Nursing Homes 7.0

Other 20.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 49

PERCENT DISCHARGES TO:

Private Residences 67.3%

General Hospitals 8.2

Nursing Homes 8.2

Deaths 10.2

Other 6.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	14	517	36.9
Home Health Aide	54	6,474	119.9
Physical Therapy	3	17	5.7
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	98	4,339	44.3
TOTAL	XXXXXXX	11,347	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 0.7	Medicaid 0.0
25 to 54 2.0	Other Federal 0.0
55 to 64 3.9	State Funds 6.6
65 to 74 9.9	Private Insurance 5.9
75 to 84 42.1	Self Pay 87.5
85 & over 41.4	Other 0.0
	TOTAL PATIENTS 152

Males 31.6% Females 68.4 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 2.0	Genitourinary Sys. 0.0
Diabetes 0.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 2.6
Dementia/Alzheimers 3.3	Osteopathies 0.7
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.6	Ill-Defined Cond. 0.0
Paralysis/CP 0.7	Fractures 3.3
Cardiovascular 4.6	Wounds, Burns 0.7
Stroke 5.3	Compl. of Surgery 0.0
Respiratory 3.9	Other Conditions 69.7

REVENUE

Billings	\$ 1,265,309
Disallowances	5,409
Collections	1,259,900
Other	103,270
Total	1,363,170

EXPENSES

Total	\$ 1,521,933
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	0.0
Licensed Practical Nurses	0.0
Home Health Aides	17.8
Physical Therapists	1.2
Occupational Therapists	0.1
Speech Pathologists	0.3
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	3.5
Other Staff	3.4
TOTAL FTES	29.3

Visiting Nurse Association of Wisconsin

11333 West National Avenue

Milwaukee WI 53227

Milwaukee County

(414) 327-2295

License Number: 81

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 612

Number of unduplicated patients in 2001 = 10,374

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	8,816	112,059	12.7
Home Health Aide	1,698	43,792	25.8
Physical Therapy	3,496	29,226	8.4
Spch/Occ/Resp Therapy	1,300	8,530	6.6
Medical Social Service	1,211	2,684	2.2
Private Duty Nursing	7	85	12.1
Personal Care/PC RN Supv.	660	34,356	52.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	126	5,850	46.4
TOTAL	XXXXXXX	236,582	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	5.6%	Medicare	64.8%
4 to 24	3.9	Medicaid	7.8
25 to 54	14.7	Other Federal	0.3
55 to 64	11.3	State Funds	0.2
65 to 74	20.3	Private Insurance	24.3
75 to 84	28.6	Self Pay	2.6
85 & over	15.8	Other	0.0
		TOTAL PATIENTS	10,374

Males 42.7% Females 57.3 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.9%	Digestive Disorders	4.8%
Cancer	9.9	Genitourinary Sys.	2.9
Diabetes	4.9	Preg. & Childbirth	0.3
Diseases of Blood	1.1	Arthropathies	8.4
Dementia/Alzheimers	0.6	Osteopathies	1.5
Psychoses/Neuroses	1.7	Perinatal Period	2.6
Central Nervous Sys.	2.8	Ill-Defined Cond.	6.0
Paralysis/CP	0.6	Fractures	4.3
Cardiovascular	21.5	Wounds, Burns	2.2
Stroke	3.1	Compl. of Surgery	3.5
Respiratory	6.4	Other Conditions	10.1

COUNTIES SERVED

Brown

Calumet

Dodge

Fond du Lac

Jefferson

Kenosha

Kewaunee

Manitowoc

Milwaukee

Ozaukee

Racine

Sheboygan

Walworth

Washington

Waukesha

Winnebago

TOTAL NUMBER OF ADMISSIONS 10,214**PERCENT ADMISSIONS FROM:**

Private Residences	24.2%
General Hospitals	61.3
Nursing Homes	1.5
Other	13.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 10,274

PERCENT DISCHARGES TO:

Private Residences	78.2%
General Hospitals	10.6
Nursing Homes	3.2
Deaths	1.6
Other	6.4

STAFFING**FTES**

Administrators	3.0
Reg. Nurse Supervisors	14.6
Registered Nurses	86.8
Licensed Practical Nurses	12.8
Home Health Aides	77.8
Physical Therapists	18.8
Occupational Therapists	3.2
Speech Pathologists	1.0
Respiratory Therapists	11.6
Medical Social Workers	9.6
Other Therapeutic Staff	9.3
Personal Care Workers	0.0
Homemakers	7.3
Other Staff	239.0
TOTAL FTES	494.7

REVENUE

Billings	\$ 22,924,346
Disallowances	3,807,338
Collections	19,117,008
Other	1,202,317
Total	20,319,325

EXPENSES

Total	\$ 20,976,063
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"Your Nurse" Home Health Care

5818 West Bluemound Road, #100

Milwaukee WI 53213

Milwaukee County

COUNTIES SERVED

Milwaukee

Washington

Waukesha

(414) 774-9400

License Number: 312

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 21

Number of unduplicated patients in 2001 = 38

TOTAL NUMBER OF ADMISSIONS 13**PERCENT ADMISSIONS FROM:**

Private Residences 100.0%

General Hospitals 0.0

Nursing Homes 0.0

Other 0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 14

PERCENT DISCHARGES TO:

Private Residences 28.6%

General Hospitals 0.0

Nursing Homes 7.1

Deaths 0.0

Other 64.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	25	3,439	137.6
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	15	2,762	184.1
Personal Care/PC RN Supv.	16	1,110	69.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,311	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 5.3%	Medicare 0.0%
4 to 24 31.6	Medicaid 90.2
25 to 54 28.9	Other Federal 0.0
55 to 64 13.2	State Funds 4.9
65 to 74 5.3	Private Insurance 2.4
75 to 84 10.5	Self Pay 2.4
85 & over 5.3	Other 0.0
	TOTAL PATIENTS 41

Males 65.8% Females 34.2 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	
Infectious Disorders 2.6%	Digestive Disorders 2.6%
Cancer 0.0	Genitourinary Sys. 15.8
Diabetes 5.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 5.3	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 5.3
Central Nervous Sys. 2.6	Ill-Defined Cond. 2.6
Paralysis/CP 2.6	Fractures 0.0
Cardiovascular 5.3	Wounds, Burns 13.2
Stroke 2.6	Compl. of Surgery 0.0
Respiratory 28.9	Other Conditions 5.3

REVENUE

Billings	\$ 1,909,616
Disallowances	649,949
Collections	1,259,667
Other	0
Total	1,259,667

EXPENSES

Total	\$ 1,294,108
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.4
Registered Nurses	1.9
Licensed Practical Nurses	4.8
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.6
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	11.7

Nursing Consultant & Care Management

3878 North Morris Boulevard
Shorewood WI 53211

Milwaukee County

COUNTIES SERVED

Milwaukee

(414) 964-8800

License Number: 225

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 8

Number of unduplicated patients in 2001 = 17

TOTAL NUMBER OF ADMISSIONS 6

PERCENT ADMISSIONS FROM:

Private Residences	66.7%
General Hospitals	33.3
Nursing Homes	0.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 9

PERCENT DISCHARGES TO:

Private Residences	22.2%
General Hospitals	0.0
Nursing Homes	22.2
Deaths	55.6
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	15	780	52.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	4	995	248.8
Personal Care/PC RN Supv.	30	3,690	123.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,465	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 0.0	Medicaid 0.0
25 to 54 0.0	Other Federal 0.0
55 to 64 5.9	State Funds 0.0
65 to 74 5.9	Private Insurance 0.0
75 to 84 52.9	Self Pay 100.0
85 & over 35.3	Other 0.0
	TOTAL PATIENTS 17

Males 17.6% Females 82.4 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 5.9	Genitourinary Sys. 5.9
Diabetes 5.9	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 5.9
Dementia/Alzheimers 17.6	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 11.8	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 5.9
Cardiovascular 5.9	Wounds, Burns 0.0
Stroke 17.6	Compl. of Surgery 0.0
Respiratory 11.8	Other Conditions 5.9

REVENUE

Billings \$	703,358
Disallowances	0
Collections	703,358
Other	10,095
Total	713,453

EXPENSES

Total \$	751,090
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STAFFING**FTES**

Administrators	2.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.1
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	12.2
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	18.3

Anew Home Health Care

7425 Harwood Avenue
Wauwatosa WI 53213

Milwaukee County

COUNTIES SERVED

Milwaukee

(414) 475-7788

License Number: 122

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 116

Number of unduplicated patients in 2001 = 256

TOTAL NUMBER OF ADMISSIONS 68

PERCENT ADMISSIONS FROM:

Private Residences	92.6%
General Hospitals	4.4
Nursing Homes	0.0
Other	2.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 157

PERCENT DISCHARGES TO:

Private Residences	26.1%
General Hospitals	12.1
Nursing Homes	3.8
Deaths	3.2
Other	54.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	18	620	34.4
Home Health Aide	27	3,525	130.6
Physical Therapy	19	448	23.6
Spch/Occ/Resp Therapy	1	15	15.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	360	64,375	178.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	58	2,374	40.9
TOTAL	XXXXXXX	71,357	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 13.4%
4 to 24 1.6	Medicaid 64.6
25 to 54 9.8	Other Federal 0.0
55 to 64 9.0	State Funds 22.0
65 to 74 25.0	Private Insurance 0.0
75 to 84 30.1	Self Pay 0.0
85 & over 24.6	Other 0.0
	TOTAL PATIENTS 268

Males 19.1% Females 80.9 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.4%	Digestive Disorders 0.0%
Cancer 0.8	Genitourinary Sys. 1.2
Diabetes 0.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 37.1
Dementia/Alzheimers 2.7	Osteopathies 0.4
Psychoses/Neuroses 0.8	Perinatal Period 0.4
Central Nervous Sys. 2.7	Ill-Defined Cond. 9.0
Paralysis/CP 4.7	Fractures 0.8
Cardiovascular 3.9	Wounds, Burns 7.8
Stroke 14.8	Compl. of Surgery 0.0
Respiratory 2.3	Other Conditions 9.4

REVENUE

Billings	\$ 1,788,845
Disallowances	174,082
Collections	1,614,763
Other	0
Total	1,614,763

EXPENSES

Total	\$ 1,604,263
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STAFFING**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.8
Licensed Practical Nurses	0.2
Home Health Aides	2.3
Physical Therapists	0.4
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	57.8
Homemakers	6.8
Other Staff	8.0
TOTAL FTEs	80.3

Camillus Cares Home Health

10100 West Bluemound Road
Wauwatosa WI 53226

Milwaukee County

COUNTIES SERVED

Milwaukee
Waukesha

(414) 258-2418

License Number: 148

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 9

Number of unduplicated patients in 2001 = 121

TOTAL NUMBER OF ADMISSIONS 103

PERCENT ADMISSIONS FROM:

Private Residences	53.4%
General Hospitals	17.5
Nursing Homes	20.4
Other	8.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 89

PERCENT DISCHARGES TO:

Private Residences	75.3%
General Hospitals	6.7
Nursing Homes	6.7
Deaths	5.6
Other	5.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	95	1,390	14.6
Home Health Aide	54	4,940	91.5
Physical Therapy	52	382	7.3
Spch/Occ/Resp Therapy	18	73	4.1
Medical Social Service	0	0	0.0
Private Duty Nursing	25	538	21.5
Personal Care/PC RN Supv.	12	272	22.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,595	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	62.9%
4 to 24	0.0	Medicaid	3.8
25 to 54	3.3	Other Federal	0.0
55 to 64	3.3	State Funds	0.0
65 to 74	9.9	Private Insurance	3.1
75 to 84	37.2	Self Pay	29.6
85 & over	46.3	Other	0.6
		TOTAL PATIENTS	159

Males 29.8% Females 70.2 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	2.5%
Cancer	7.4	Genitourinary Sys.	4.1
Diabetes	2.5	Preg. & Childbirth	0.0
Diseases of Blood	0.8	Arthropathies	8.3
Dementia/Alzheimers	2.5	Osteopathies	0.0
Psychoses/Neuroses	4.1	Perinatal Period	0.0
Central Nervous Sys.	0.8	Ill-Defined Cond.	9.1
Paralysis/CP	1.7	Fractures	9.1
Cardiovascular	27.3	Wounds, Burns	6.6
Stroke	5.0	Compl. of Surgery	0.0
Respiratory	5.8	Other Conditions	2.5

REVENUE

Billings	\$	813,239
Disallowances		225,951
Collections		587,288
Other		223
Total		587,511

EXPENSES

Total	\$	659,146
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	1.3
Licensed Practical Nurses	0.1
Home Health Aides	17.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	23.7

Gentiva Health Services

10909 West Greenfield Avenue
West Allis WI 53214

Milwaukee County

(414) 257-1156

License Number: 237

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 160

Number of unduplicated patients in 2001 = 1,608

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,396	8,779	6.3
Home Health Aide	104	5,550	53.4
Physical Therapy	432	2,920	6.8
Spch/Occ/Resp Therapy	153	893	5.8
Medical Social Service	24	31	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	232	25,570	110.2
Other Home Health Care	40	184	4.6
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	43,927	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	24.6%	Medicare	12.7%
4 to 24	11.1	Medicaid	15.4
25 to 54	20.6	Other Federal	0.0
55 to 64	12.1	State Funds	0.0
65 to 74	11.0	Private Insurance	64.1
75 to 84	12.1	Self Pay	7.9
85 & over	8.5	Other	0.0
		TOTAL PATIENTS	1,745

PRIMARY DIAGNOSIS		PRIMARY DIAGNOSIS	
Infectious Disorders	1.6%	Digestive Disorders	2.9%
Cancer	4.7	Genitourinary Sys.	1.6
Diabetes	4.3	Preg. & Childbirth	0.6
Diseases of Blood	0.6	Arthropathies	9.2
Dementia/Alzheimers	0.2	Osteopathies	0.0
Psychoses/Neuroses	0.5	Perinatal Period	17.4
Central Nervous Sys.	13.6	Ill-Defined Cond.	6.2
Paralysis/CP	0.0	Fractures	7.2
Cardiovascular	10.5	Wounds, Burns	0.0
Stroke	0.0	Compl. of Surgery	0.2
Respiratory	7.6	Other Conditions	11.1

COUNTIES SERVED

Adams
Columbia
Dane
Green
Green Lake
Jefferson
Juneau
LaFayette
Milwaukee
Ozaukee
Rock
Sauk
Sheboygan
Washington
Waukesha
Waupaca

TOTAL NUMBER OF ADMISSIONS 1,375

PERCENT ADMISSIONS FROM:

Private Residences	78.8%
General Hospitals	13.9
Nursing Homes	2.5
Other	4.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1,409

PERCENT DISCHARGES TO:

Private Residences	94.7%
General Hospitals	2.1
Nursing Homes	0.9
Deaths	0.8
Other	1.6

STAFFING**FTES**

Administrators	0.8
Reg. Nurse Supervisors	1.6
Registered Nurses	11.9
Licensed Practical Nurses	1.7
Home Health Aides	19.3
Physical Therapists	1.7
Occupational Therapists	0.8
Speech Pathologists	0.2
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	1.0
Homemakers	0.0
Other Staff	4.3
TOTAL FTES	43.5

REVENUE

Billings	\$ 3,959,013
Disallowances	1,369,362
Collections	2,589,651
Other	0
Total	2,589,651

EXPENSES

Total	\$ 2,554,447
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Gentiva Health Services

10909 West Greenfield Avenue
West Allis WI 53214

Milwaukee County

(414) 257-1156

License Number: 287

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 51

Number of unduplicated patients in 2001 = 226

COUNTIES SERVED

Dane
Green
Jefferson
Kenosha
Milwaukee
Ozaukee
Racine
Rock
Walworth
Washington
Waukesha

TOTAL NUMBER OF ADMISSIONS 95

PERCENT ADMISSIONS FROM:

Private Residences	58.9%
General Hospitals	11.6
Nursing Homes	1.1
Other	28.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 101

PERCENT DISCHARGES TO:

Private Residences	73.3%
General Hospitals	11.9
Nursing Homes	9.9
Deaths	4.0
Other	1.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	48	3,956	82.4
Home Health Aide	79	4,426	56.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	16	2,307	144.2
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	97	1,147	11.8
Homemkr & Other Non HH	12	246	20.5
TOTAL	XXXXXXX	12,082	XXXXXX

AGE AND SEX OF PATIENTS

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.4%	Medicare 0.0%
4 to 24 13.3	Medicaid 0.0
25 to 54 15.9	Other Federal 0.0
55 to 64 10.6	State Funds 0.0
65 to 74 13.3	Private Insurance 80.2
75 to 84 23.5	Self Pay 19.8
85 & over 19.0	Other 0.0
	TOTAL PATIENTS 247

Males 32.7% Females 67.3 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 1.8	Genitourinary Sys. 0.4
Diabetes 3.1	Preg. & Childbirth 0.0
Diseases of Blood 0.9	Arthropathies 15.9
Dementia/Alzheimers 2.2	Osteopathies 0.0
Psychoses/Neuroses 3.1	Perinatal Period 0.4
Central Nervous Sys. 22.1	Ill-Defined Cond. 5.8
Paralysis/CP 0.4	Fractures 5.8
Cardiovascular 22.1	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.9
Respiratory 6.6	Other Conditions 8.4

REVENUE

Billings	\$ 1,109,495
Disallowances	159,268
Collections	950,227
Other	0
Total	950,227

EXPENSES

Total	\$ 931,681
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STAFFING**FTES**

Administrators	0.2
Reg. Nurse Supervisors	0.5
Registered Nurses	3.6
Licensed Practical Nurses	0.5
Home Health Aides	5.8
Physical Therapists	0.5
Occupational Therapists	0.2
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.3
TOTAL FTES	12.7

Professional Home Care Services

8410 West Cleveland Avenue
West Allis WI 53227

Milwaukee County

COUNTIES SERVED

Milwaukee
Waukesha

(414) 541-6010

License Number: 279

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 30

Number of unduplicated patients in 2001 = 61

TOTAL NUMBER OF ADMISSIONS 30

PERCENT ADMISSIONS FROM:

Private Residences	33.3%
General Hospitals	3.3
Nursing Homes	0.0
Other	63.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 19

PERCENT DISCHARGES TO:

Private Residences	47.4%
General Hospitals	10.5
Nursing Homes	31.6
Deaths	10.5
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	13	1,964	151.1
Home Health Aide	13	890	68.5
Physical Therapy	1	26	26.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	96	10,591	110.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,471	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 1.5%
4 to 24 6.6	Medicaid 29.2
25 to 54 11.5	Other Federal 0.0
55 to 64 26.2	State Funds 53.8
65 to 74 31.1	Private Insurance 0.0
75 to 84 19.7	Self Pay 15.4
85 & over 4.9	Other 0.0
	TOTAL PATIENTS 65

Males 50.8% Females 49.2 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 21.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 11.5
Dementia/Alzheimers 11.5	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 4.9	Ill-Defined Cond. 0.0
Paralysis/CP 6.6	Fractures 0.0
Cardiovascular 19.7	Wounds, Burns 0.0
Stroke 3.3	Compl. of Surgery 8.2
Respiratory 13.1	Other Conditions 0.0

REVENUE

Billings \$	581,428
Disallowances	213,232
Collections	368,196
Other	0
Total	368,196

EXPENSES

Total \$	378,886
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.5
Licensed Practical Nurses	0.0
Home Health Aides	0.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	7.6
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	12.9

Monroe County Health Department

14301 County Hwy B, Box 18
Sparta WI 54656

Monroe County

COUNTIES SERVED

Monroe

(608) 269-8666

License Number: 83
Ownership of Agency: County
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 8
Number of unduplicated patients in 2001 = 134

TOTAL NUMBER OF ADMISSIONS 73

PERCENT ADMISSIONS FROM:

Private Residences 2.7%
General Hospitals 58.9
Nursing Homes 8.2
Other 30.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 64

PERCENT DISCHARGES TO:

Private Residences 42.2%
General Hospitals 29.7
Nursing Homes 23.4
Deaths 4.7
Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	134	2,500	18.7
Home Health Aide	86	1,677	19.5
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	20	639	32.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,816	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.7%	Medicare	44.6%
4 to 24	0.0	Medicaid	19.6
25 to 54	3.7	Other Federal	1.2
55 to 64	11.2	State Funds	5.4
65 to 74	17.9	Private Insurance	9.5
75 to 84	36.6	Self Pay	7.7
85 & over	29.9	Other	11.9
		TOTAL PATIENTS	168

Males 39.6% Females 60.4 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	%	PRIMARY DIAGNOSIS	%
Infectious Disorders	2.2%	Digestive Disorders	0.0%
Cancer	6.0	Genitourinary Sys.	9.0
Diabetes	9.0	Preg. & Childbirth	0.0
Diseases of Blood	0.7	Arthropathies	9.7
Dementia/Alzheimers	1.5	Osteopathies	1.5
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	5.2
Paralysis/CP	0.7	Fractures	4.5
Cardiovascular	32.1	Wounds, Burns	6.7
Stroke	6.0	Compl. of Surgery	0.0
Respiratory	5.2	Other Conditions	0.0

REVENUE

Billings	\$	183,095
Disallowances		105,994
Collections		77,101
Other		11,806
Total		88,907

EXPENSES

Total	\$	304,275
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.6
Licensed Practical Nurses	0.0
Home Health Aides	1.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	0.0
Other Staff	1.3
TOTAL FTES	7.7

Ministry Home Care, Inc.

1860 North Stevens Street, PO Box 716
 Rhinelander WI 54501 Oneida County

(715) 369-6471

License Number: 253

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 27

Number of unduplicated patients in 2001 = 356

COUNTIES SERVED

Forest
 Langlade
 Lincoln
 Oneida
 Price
 Vilas

TOTAL NUMBER OF ADMISSIONS 379

PERCENT ADMISSIONS FROM:

Private Residences	32.5%
General Hospitals	55.1
Nursing Homes	9.8
Other	2.6

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 371

PERCENT DISCHARGES TO:

Private Residences	73.6%
General Hospitals	3.2
Nursing Homes	9.2
Deaths	3.0
Other	11.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	281	4,266	15.2
Home Health Aide	80	1,515	18.9
Physical Therapy	167	1,801	10.8
Spch/Occ/Resp Therapy	48	311	6.5
Medical Social Service	70	89	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	29	682	23.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	5	172	34.4
TOTAL	XXXXXXX	8,836	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.3%	Medicare 75.9%
4 to 24 2.0	Medicaid 8.7
25 to 54 9.8	Other Federal 0.2
55 to 64 11.8	State Funds 0.0
65 to 74 19.1	Private Insurance 13.0
75 to 84 36.8	Self Pay 1.9
85 & over 20.2	Other 0.2
	TOTAL PATIENTS 415

Males 42.4% Females 57.6 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 3.9%
Cancer 11.5	Genitourinary Sys. 2.5
Diabetes 5.1	Preg. & Childbirth 0.0
Diseases of Blood 0.6	Arthropathies 11.2
Dementia/Alzheimers 0.0	Osteopathies 1.7
Psychoses/Neuroses 0.6	Perinatal Period 0.0
Central Nervous Sys. 4.2	Ill-Defined Cond. 10.1
Paralysis/CP 0.6	Fractures 5.6
Cardiovascular 14.9	Wounds, Burns 2.2
Stroke 4.8	Compl. of Surgery 3.9
Respiratory 6.5	Other Conditions 10.1

REVENUE

Billings \$	968,992
Disallowances	49,064
Collections	919,928
Other	0
Total	919,928

EXPENSES

Total \$	1,087,258
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STAFFING**FTEs**

Administrators	0.4
Reg. Nurse Supervisors	1.0
Registered Nurses	3.7
Licensed Practical Nurses	0.0
Home Health Aides	2.4
Physical Therapists	1.8
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	0.0
Other Staff	1.6
TOTAL FTEs	11.4

Dr. Kate Home Health

240 Maple Street, PO Box 770
Woodruff WI 54568

Oneida County

(715) 369-6471

COUNTIES SERVED

Iron
Lincoln
Oneida
Price
Vilas

License Number: 86

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 39

Number of unduplicated patients in 2001 = 507

TOTAL NUMBER OF ADMISSIONS 512

PERCENT ADMISSIONS FROM:

Private Residences	50.8%
General Hospitals	43.0
Nursing Homes	5.1
Other	1.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 521

PERCENT DISCHARGES TO:

Private Residences	76.6%
General Hospitals	1.9
Nursing Homes	8.1
Deaths	3.5
Other	10.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	423	4,902	11.6
Home Health Aide	143	4,895	34.2
Physical Therapy	208	1,809	8.7
Spch/Occ/Resp Therapy	55	272	4.9
Medical Social Service	51	73	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	36	514	14.3
TOTAL	XXXXXXX	12,465	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.2%	Medicare 72.0%
4 to 24 1.6	Medicaid 6.7
25 to 54 9.3	Other Federal 0.7
55 to 64 7.7	State Funds 0.2
65 to 74 20.9	Private Insurance 11.7
75 to 84 32.0	Self Pay 8.1
85 & over 28.4	Other 0.6
	TOTAL PATIENTS 540

Males 38.5% Females 61.5 %

PRIMARY DIAGNOSIS

Infectious Disorders 1.2%	Digestive Disorders 3.2%
Cancer 6.9	Genitourinary Sys. 3.0
Diabetes 2.6	Preg. & Childbirth 0.0
Diseases of Blood 2.2	Arthropathies 9.9
Dementia/Alzheimers 1.0	Osteopathies 1.8
Psychoses/Neuroses 0.2	Perinatal Period 0.0
Central Nervous Sys. 2.0	Ill-Defined Cond. 10.5
Paralysis/CP 2.0	Fractures 9.9
Cardiovascular 14.2	Wounds, Burns 9.3
Stroke 4.9	Compl. of Surgery 1.4
Respiratory 7.3	Other Conditions 6.9

REVENUE

Billings	\$ 1,328,289
Disallowances	253,927
Collections	1,074,362
Other	0
Total	1,074,362

EXPENSES

Total	\$ 1,268,024
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STAFFING**FTES**

Administrators	0.6
Reg. Nurse Supervisors	0.0
Registered Nurses	6.0
Licensed Practical Nurses	0.0
Home Health Aides	5.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.1
Other Staff	2.0
TOTAL FTES	14.0

Ozaukee County Public Health Department

121 West Main, Box 994
Port Washington WI 53074

Ozaukee County

COUNTIES SERVED

Ozaukee

(262) 284-8170

License Number: 89

Ownership of Agency: County

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 8

Number of unduplicated patients in 2001 = 48

TOTAL NUMBER OF ADMISSIONS 30**PERCENT ADMISSIONS FROM:**

Private Residences	53.3%
General Hospitals	3.3
Nursing Homes	26.7
Other	16.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 36

PERCENT DISCHARGES TO:

Private Residences	38.9%
General Hospitals	25.0
Nursing Homes	19.4
Deaths	2.8
Other	13.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	33	517	15.7
Home Health Aide	27	996	36.9
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	40	1,688	42.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,201	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 0.0	Medicaid 37.5
25 to 54 6.3	Other Federal 0.0
55 to 64 10.4	State Funds 0.0
65 to 74 14.6	Private Insurance 8.9
75 to 84 31.3	Self Pay 53.6
85 & over 37.5	Other 0.0
	TOTAL PATIENTS 56

Males 29.2% Females 70.8 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 2.1	Genitourinary Sys. 0.0
Diabetes 4.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 27.1
Dementia/Alzheimers 12.5	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.1	Ill-Defined Cond. 0.0
Paralysis/CP 6.3	Fractures 2.1
Cardiovascular 2.1	Wounds, Burns 4.2
Stroke 8.3	Compl. of Surgery 0.0
Respiratory 6.3	Other Conditions 22.9

REVENUE

Billings \$	92,890
Disallowances	20,582
Collections	72,308
Other	0
Total	72,308

EXPENSES

Total \$	357,831
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	7.0

Pepin County Nursing Service

740 7th Avenue West, PO Box 39
Durand WI 54736

Pepin County

COUNTIES SERVED

Pepin

(715) 672-5961

License Number: 90

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 23

Number of unduplicated patients in 2001 = 91

TOTAL NUMBER OF ADMISSIONS 53

PERCENT ADMISSIONS FROM:

Private Residences	60.4%
General Hospitals	22.6
Nursing Homes	7.5
Other	9.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 61

PERCENT DISCHARGES TO:

Private Residences	44.3%
General Hospitals	21.3
Nursing Homes	9.8
Deaths	4.9
Other	19.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	49	511	10.4
Home Health Aide	6	62	10.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	78	5,099	65.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,672	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	3.4%
4 to 24	5.5	Medicaid	25.0
25 to 54	9.9	Other Federal	0.0
55 to 64	5.5	State Funds	65.9
65 to 74	15.4	Private Insurance	0.0
75 to 84	34.1	Self Pay	5.7
85 & over	29.7	Other	0.0
		TOTAL PATIENTS	176

Males 33.0% Females 67.0 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.1%	Digestive Disorders	4.4%
Cancer	3.3	Genitourinary Sys.	0.0
Diabetes	6.6	Preg. & Childbirth	0.0
Diseases of Blood	1.1	Arthropathies	19.8
Dementia/Alzheimers	0.0	Osteopathies	4.4
Psychoses/Neuroses	7.7	Perinatal Period	0.0
Central Nervous Sys.	4.4	Ill-Defined Cond.	2.2
Paralysis/CP	0.0	Fractures	5.5
Cardiovascular	16.5	Wounds, Burns	0.0
Stroke	6.6	Compl. of Surgery	0.0
Respiratory	3.3	Other Conditions	13.2

REVENUE

Billings	\$	304,689
Disallowances		22,979
Collections		281,710
Other		0
Total		281,710

EXPENSES

Total	\$	312,922
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	1.7
Licensed Practical Nurses	0.0
Home Health Aides	0.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	8.8
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	15.3

Pierce County Home Care

412 West Kinne Street, Box 238
Ellsworth WI 54011

Pierce County

COUNTIES SERVED

Pierce

(715) 273-6756

License Number: 91

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 12

Number of unduplicated patients in 2001 = 70

TOTAL NUMBER OF ADMISSIONS 50

PERCENT ADMISSIONS FROM:

Private Residences	62.0%
General Hospitals	20.0
Nursing Homes	16.0
Other	2.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 59

PERCENT DISCHARGES TO:

Private Residences	54.2%
General Hospitals	23.7
Nursing Homes	18.6
Deaths	1.7
Other	1.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	70	1,212	17.3
Home Health Aide	37	1,781	48.1
Physical Therapy	2	6	3.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	30	1,441	48.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,440	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	1.4%	Medicare	41.6%
4 to 24	0.0	Medicaid	29.2
25 to 54	8.6	Other Federal	0.0
55 to 64	7.1	State Funds	4.5
65 to 74	11.4	Private Insurance	5.6
75 to 84	47.1	Self Pay	19.1
85 & over	24.3	Other	0.0
		TOTAL PATIENTS	89

Males 30.0% Females 70.0 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.4%	Digestive Disorders	8.6%
Cancer	7.1	Genitourinary Sys.	1.4
Diabetes	11.4	Preg. & Childbirth	0.0
Diseases of Blood	1.4	Arthropathies	5.7
Dementia/Alzheimers	0.0	Osteopathies	1.4
Psychoses/Neuroses	2.9	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	1.4
Paralysis/CP	4.3	Fractures	8.6
Cardiovascular	25.7	Wounds, Burns	4.3
Stroke	5.7	Compl. of Surgery	1.4
Respiratory	2.9	Other Conditions	4.3

REVENUE

Billings	\$	292,418
Disallowances		120,170
Collections		172,248
Other		0
Total		172,248

EXPENSES

Total	\$	380,166
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.1
Licensed Practical Nurses	0.0
Home Health Aides	2.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.1
Homemakers	0.0
Other Staff	3.3
TOTAL FTES	11.7

Spring Valley Home Health Services

W500 State Road 29

Spring Valley WI 54767

Pierce County

COUNTIES SERVED

Pierce

St. Croix

(715) 778-5545

License Number: 349

Ownership of Agency: City

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 25

Number of unduplicated patients in 2001 = 126

TOTAL NUMBER OF ADMISSIONS 52**PERCENT ADMISSIONS FROM:**

Private Residences 76.9%

General Hospitals 13.5

Nursing Homes 5.8

Other 3.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 36

PERCENT DISCHARGES TO:

Private Residences 47.2%

General Hospitals 11.1

Nursing Homes 33.3

Deaths 5.6

Other 2.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	6	107	17.8
Home Health Aide	2	546	273.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	128	9,505	74.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	87	4,257	48.9
TOTAL	XXXXXXX	14,415	XXXXXX

AGE AND SEX OF PATIENTS **PATIENT REIMBURSEMENT SOURCE**

Under 4	0.8%	Medicare	0.0%
4 to 24	12.7	Medicaid	31.6
25 to 54	14.3	Other Federal	1.9
55 to 64	7.9	State Funds	54.2
65 to 74	22.2	Private Insurance	1.9
75 to 84	26.2	Self Pay	10.3
85 & over	15.9	Other	0.0
		TOTAL PATIENTS	155

Males 34.9% Females 65.1 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	1.6%
Cancer	2.4	Genitourinary Sys.	0.0
Diabetes	4.0	Preg. & Childbirth	0.0
Diseases of Blood	0.8	Arthropathies	21.4
Dementia/Alzheimers	11.9	Osteopathies	1.6
Psychoses/Neuroses	5.6	Perinatal Period	0.0
Central Nervous Sys.	8.7	Ill-Defined Cond.	1.6
Paralysis/CP	4.8	Fractures	1.6
Cardiovascular	7.1	Wounds, Burns	4.0
Stroke	4.8	Compl. of Surgery	0.8
Respiratory	8.7	Other Conditions	8.7

REVENUE

Billings	\$	924,422
Disallowances		110,388
Collections		814,034
Other		0
Total		814,034

EXPENSES

Total	\$	768,602
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.9
Licensed Practical Nurses	0.0
Home Health Aides	0.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	36.8
Homemakers	6.0
Other Staff	1.0
TOTAL FTES	47.0

Polk County Home Care Program

300 Polk County Plaza, Suite 10
Balsam Lake WI 54810

Polk County

COUNTIES SERVED

Polk

(715) 485-8500

License Number: 92

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 41

Number of unduplicated patients in 2001 = 373

TOTAL NUMBER OF ADMISSIONS 266

PERCENT ADMISSIONS FROM:

Private Residences	25.9%
General Hospitals	51.1
Nursing Homes	22.2
Other	0.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 270

PERCENT DISCHARGES TO:

Private Residences	63.7%
General Hospitals	8.1
Nursing Homes	20.4
Deaths	3.3
Other	4.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	283	4,340	15.3
Home Health Aide	121	2,876	23.8
Physical Therapy	89	874	9.8
Spch/Occ/Resp Therapy	27	111	4.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	187	5,547	29.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,748	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	47.1%
4 to 24	1.3	Medicaid	26.6
25 to 54	9.7	Other Federal	3.8
55 to 64	7.8	State Funds	0.3
65 to 74	13.7	Private Insurance	9.1
75 to 84	39.4	Self Pay	13.2
85 & over	28.2	Other	0.0
		TOTAL PATIENTS	395

Males 44.0% Females 56.0 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	4.3%
Cancer	6.2	Genitourinary Sys.	1.9
Diabetes	5.1	Preg. & Childbirth	0.8
Diseases of Blood	1.9	Arthropathies	15.0
Dementia/Alzheimers	2.1	Osteopathies	0.8
Psychoses/Neuroses	1.3	Perinatal Period	0.0
Central Nervous Sys.	1.6	Ill-Defined Cond.	2.4
Paralysis/CP	0.8	Fractures	7.2
Cardiovascular	19.8	Wounds, Burns	2.4
Stroke	5.4	Compl. of Surgery	4.0
Respiratory	9.4	Other Conditions	7.5

REVENUE

Billings	\$ 1,056,158
Disallowances	150,395
Collections	905,763
Other	6,252
Total	912,015

EXPENSES

Total	\$ 1,200,323
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	8.0
Licensed Practical Nurses	2.4
Home Health Aides	3.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.7
Homemakers	0.0
Other Staff	4.6
TOTAL FTES	25.3

Community Health Resources

1133 South 4th Avenue, Box 110
Park Falls WI 54552

Price County

(715) 762-4600

License Number: 27

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 39

Number of unduplicated patients in 2001 = 113

COUNTIES SERVED

Ashland
Bayfield
Iron
Price
Sawyer
Vilas

TOTAL NUMBER OF ADMISSIONS 96

PERCENT ADMISSIONS FROM:

Private Residences	27.1%
General Hospitals	51.0
Nursing Homes	15.6
Other	6.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 90

PERCENT DISCHARGES TO:

Private Residences	34.4%
General Hospitals	54.4
Nursing Homes	3.3
Deaths	2.2
Other	5.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	83	3,380	40.7
Home Health Aide	41	4,237	103.3
Physical Therapy	7	77	11.0
Spch/Occ/Resp Therapy	3	14	4.7
Medical Social Service	0	0	0.0
Private Duty Nursing	2	272	136.0
Personal Care/PC RN Supv.	60	12,004	200.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	19,984	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.7%	Medicare 22.0%
4 to 24 9.7	Medicaid 65.9
25 to 54 15.0	Other Federal 0.0
55 to 64 11.5	State Funds 0.0
65 to 74 15.0	Private Insurance 8.1
75 to 84 20.4	Self Pay 4.1
85 & over 25.7	Other 0.0
	TOTAL PATIENTS 123

Males 34.5% Females 65.5 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 2.7%
Cancer 4.4	Genitourinary Sys. 1.8
Diabetes 7.1	Preg. & Childbirth 0.0
Diseases of Blood 4.4	Arthropathies 7.1
Dementia/Alzheimers 2.7	Osteopathies 2.7
Psychoses/Neuroses 5.3	Perinatal Period 0.0
Central Nervous Sys. 2.7	Ill-Defined Cond. 5.3
Paralysis/CP 5.3	Fractures 1.8
Cardiovascular 15.9	Wounds, Burns 8.8
Stroke 6.2	Compl. of Surgery 0.9
Respiratory 4.4	Other Conditions 10.6

REVENUE

Billings	\$ 1,274,008
Disallowances	473,024
Collections	800,984
Other	0
Total	800,984

EXPENSES

Total	\$ 883,146
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STAFFING**FTES**

Administrators	1.5
Reg. Nurse Supervisors	0.0
Registered Nurses	3.7
Licensed Practical Nurses	0.1
Home Health Aides	4.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	12.3
Homemakers	0.0
Other Staff	4.0
TOTAL FTES	26.1

Supportive Home Services

PO Box 450-1181 North 4th Avenue
Park Falls WI 54552 Price County

(715) 762-3200

License Number: 202
Ownership of Agency: Proprietary Corporation
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 24
Number of unduplicated patients in 2001 = 127

COUNTIES SERVED

Ashland
Iron
Oneida
Price
Rusk
Sawyer
Vilas

TOTAL NUMBER OF ADMISSIONS 108

PERCENT ADMISSIONS FROM:

Private Residences 42.6%
General Hospitals 41.7
Nursing Homes 3.7
Other 12.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 105

PERCENT DISCHARGES TO:

Private Residences 58.1%
General Hospitals 21.0
Nursing Homes 4.8
Deaths 2.9
Other 13.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	124	2,568	20.7
Home Health Aide	62	5,845	94.3
Physical Therapy	43	403	9.4
Spch/Occ/Resp Therapy	10	75	7.5
Medical Social Service	3	5	1.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	69	5,780	83.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,676	XXXXXX

AGE AND SEX OF PATIENTS **PATIENT REIMBURSEMENT SOURCE**

Under 4	0.0%	Medicare	66.1%
4 to 24	0.8	Medicaid	23.5
25 to 54	12.6	Other Federal	0.0
55 to 64	6.3	State Funds	0.0
65 to 74	19.7	Private Insurance	6.0
75 to 84	38.6	Self Pay	4.4
85 & over	22.0	Other	0.0
		TOTAL PATIENTS	183

Males 28.3% Females 71.7 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	2.4%
Cancer	5.5	Genitourinary Sys.	1.6
Diabetes	10.2	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	14.2
Dementia/Alzheimers	0.8	Osteopathies	0.8
Psychoses/Neuroses	1.6	Perinatal Period	0.0
Central Nervous Sys.	3.1	Ill-Defined Cond.	2.4
Paralysis/CP	1.6	Fractures	8.7
Cardiovascular	16.5	Wounds, Burns	4.7
Stroke	5.5	Compl. of Surgery	0.8
Respiratory	11.0	Other Conditions	8.7

REVENUE

Billings	\$	735,125
Disallowances		31,620
Collections		703,505
Other		1,117
Total		704,622

EXPENSES

Total	\$	695,671
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STAFFING

FTES

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.6
Licensed Practical Nurses	0.0
Home Health Aides	4.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.4
Other Therapeutic Staff	0.0
Personal Care Workers	2.4
Homemakers	0.0
Other Staff	3.9
TOTAL FTES	17.6

Flambeau Home Health & Hospice

605 Peterson Drive
Phillips WI 54555

Price County

(715) 339-7371

COUNTIES SERVED

Ashland
Iron
Price
Sawyer

License Number: 238

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 22

Number of unduplicated patients in 2001 = 181

TOTAL NUMBER OF ADMISSIONS 158

PERCENT ADMISSIONS FROM:

Private Residences	49.4%
General Hospitals	43.0
Nursing Homes	4.4
Other	3.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 128

PERCENT DISCHARGES TO:

Private Residences	53.1%
General Hospitals	21.1
Nursing Homes	4.7
Deaths	5.5
Other	15.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	107	2,751	25.7
Home Health Aide	74	3,000	40.5
Physical Therapy	56	461	8.2
Spch/Occ/Resp Therapy	19	105	5.5
Medical Social Service	27	87	3.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	114	4,700	41.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	13	786	60.5
TOTAL	XXXXXXX	11,890	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 62.3%
4 to 24 0.6	Medicaid 19.6
25 to 54 5.5	Other Federal 1.5
55 to 64 8.3	State Funds 4.4
65 to 74 14.4	Private Insurance 4.4
75 to 84 32.6	Self Pay 7.8
85 & over 38.7	Other 0.0
	TOTAL PATIENTS 204

Males 38.7% Females 61.3 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.6%	Digestive Disorders 0.6%
Cancer 5.5	Genitourinary Sys. 1.7
Diabetes 6.6	Preg. & Childbirth 0.0
Diseases of Blood 2.8	Arthropathies 12.2
Dementia/Alzheimers 0.6	Osteopathies 1.1
Psychoses/Neuroses 1.7	Perinatal Period 0.0
Central Nervous Sys. 1.7	Ill-Defined Cond. 0.0
Paralysis/CP 0.6	Fractures 5.5
Cardiovascular 23.8	Wounds, Burns 5.5
Stroke 2.8	Compl. of Surgery 2.2
Respiratory 13.8	Other Conditions 11.0

REVENUE

Billings \$	821,675
Disallowances	233,559
Collections	588,116
Other	0
Total	588,116

EXPENSES

Total \$	822,098
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STAFFING**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.0
Licensed Practical Nurses	0.0
Home Health Aides	5.8
Physical Therapists	0.0
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	0.0
Personal Care Workers	1.8
Homemakers	0.5
Other Staff	4.8
TOTAL FTEs	22.6

Gentiva Health Services

1300 South Green Bay Road, Suite 205
Racine WI 53406 Racine County

(262) 636-9036

COUNTIES SERVED

Kenosha
Milwaukee
Racine
Walworth
Waukesha

License Number: 3
Ownership of Agency: Proprietary Corporation
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? No
Number of patients visited on 12/6/2001 = 47
Number of unduplicated patients in 2001 = 412

TOTAL NUMBER OF ADMISSIONS 334

PERCENT ADMISSIONS FROM:

Private Residences	61.1%
General Hospitals	4.5
Nursing Homes	2.7
Other	31.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 328

PERCENT DISCHARGES TO:

Private Residences	85.7%
General Hospitals	5.5
Nursing Homes	2.7
Deaths	0.9
Other	5.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	401	4,185	10.4
Home Health Aide	37	3,466	93.7
Physical Therapy	84	481	5.7
Spch/Occ/Resp Therapy	34	285	8.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	18	5,926	329.2
Other Home Health Care	33	147	4.5
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,490	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 13.3%	Medicare 13.6%
4 to 24 5.8	Medicaid 15.4
25 to 54 30.3	Other Federal 0.0
55 to 64 18.0	State Funds 0.0
65 to 74 11.9	Private Insurance 60.4
75 to 84 12.4	Self Pay 10.7
85 & over 8.3	Other 0.0
	TOTAL PATIENTS 449

Males 40.8% Females 59.2 %

PRIMARY DIAGNOSIS

Infectious Disorders 1.2%	Digestive Disorders 2.9%
Cancer 6.1	Genitourinary Sys. 3.2
Diabetes 2.9	Preg. & Childbirth 0.2
Diseases of Blood 0.5	Arthropathies 13.3
Dementia/Alzheimers 0.7	Osteopathies 0.0
Psychoses/Neuroses 1.0	Perinatal Period 10.0
Central Nervous Sys. 10.7	Ill-Defined Cond. 5.3
Paralysis/CP 0.0	Fractures 2.7
Cardiovascular 12.9	Wounds, Burns 2.9
Stroke 0.0	Compl. of Surgery 3.6
Respiratory 3.6	Other Conditions 16.3

REVENUE

Billings	\$ 1,656,179
Disallowances	632,905
Collections	1,023,274
Other	0
Total	1,023,274

EXPENSES

Total	\$ 1,149,947
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.5
Licensed Practical Nurses	6.0
Home Health Aides	16.5
Physical Therapists	1.0
Occupational Therapists	0.5
Speech Pathologists	0.3
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.5
Homemakers	0.0
Other Staff	4.0
TOTAL FTES	38.3

SAI Home Health Care, Inc.

5200 Washington Avenue, Suite 227

Racine WI 53406

Racine County

(262) 632-5886

COUNTIES SERVED

Kenosha

Racine

Walworth

License Number: 305

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 24

Number of unduplicated patients in 2001 = 161

TOTAL NUMBER OF ADMISSIONS 146**PERCENT ADMISSIONS FROM:**

Private Residences 8.9%

General Hospitals 35.6

Nursing Homes 11.0

Other 44.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 129

PERCENT DISCHARGES TO:

Private Residences 78.3%

General Hospitals 13.2

Nursing Homes 3.9

Deaths 1.6

Other 3.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	159	3,366	21.2
Home Health Aide	81	6,190	76.4
Physical Therapy	76	535	7.0
Spch/Occ/Resp Therapy	42	232	5.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	4	55	13.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,378	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 47.0%
4 to 24 3.1	Medicaid 37.8
25 to 54 35.4	Other Federal 4.3
55 to 64 16.1	State Funds 0.0
65 to 74 14.9	Private Insurance 7.6
75 to 84 20.5	Self Pay 3.2
85 & over 9.9	Other 0.0
	TOTAL PATIENTS 185

Males 39.8% Females 60.2 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.6%	Digestive Disorders 0.6%
Cancer 2.5	Genitourinary Sys. 7.5
Diabetes 5.0	Preg. & Childbirth 0.6
Diseases of Blood 0.0	Arthropathies 13.0
Dementia/Alzheimers 0.0	Osteopathies 1.9
Psychoses/Neuroses 3.7	Perinatal Period 0.0
Central Nervous Sys. 9.9	Ill-Defined Cond. 9.9
Paralysis/CP 3.1	Fractures 5.0
Cardiovascular 7.5	Wounds, Burns 8.1
Stroke 2.5	Compl. of Surgery 1.9
Respiratory 2.5	Other Conditions 14.3

REVENUE

Billings \$	455,632
Disallowances	0
Collections	455,632
Other	127
Total	455,759

EXPENSES

Total \$	795,192
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STAFFING**FTEs**

Administrators 0.0

Reg. Nurse Supervisors 0.0

Registered Nurses 3.4

Licensed Practical Nurses 0.1

Home Health Aides 5.2

Physical Therapists 0.0

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 0.0

Homemakers 0.0

Other Staff 1.0

TOTAL FTEs 9.7

At-Home Healthcare

1969 West Hart Road
Beloit WI 53511

Rock County

COUNTIES SERVED

Green
Rock
Walworth

(608) 363-5885

License Number: 98

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 22

Number of unduplicated patients in 2001 = 428

TOTAL NUMBER OF ADMISSIONS 410

PERCENT ADMISSIONS FROM:

Private Residences	29.8%
General Hospitals	58.0
Nursing Homes	5.1
Other	7.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 400

PERCENT DISCHARGES TO:

Private Residences	79.0%
General Hospitals	4.3
Nursing Homes	2.3
Deaths	4.0
Other	10.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	386	5,042	13.1
Home Health Aide	84	1,603	19.1
Physical Therapy	139	891	6.4
Spch/Occ/Resp Therapy	37	208	5.6
Medical Social Service	12	17	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,761	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 67.5%
4 to 24 2.6	Medicaid 9.6
25 to 54 19.9	Other Federal 0.0
55 to 64 12.9	State Funds 0.0
65 to 74 20.8	Private Insurance 20.3
75 to 84 24.8	Self Pay 0.9
85 & over 18.2	Other 1.6
	TOTAL PATIENTS 428

Males 43.2% Females 56.8 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.2%	Digestive Disorders 5.1%
Cancer 7.0	Genitourinary Sys. 2.6
Diabetes 3.5	Preg. & Childbirth 0.2
Diseases of Blood 2.1	Arthropathies 18.2
Dementia/Alzheimers 0.5	Osteopathies 3.3
Psychoses/Neuroses 0.5	Perinatal Period 0.5
Central Nervous Sys. 1.2	Ill-Defined Cond. 6.8
Paralysis/CP 1.9	Fractures 3.0
Cardiovascular 17.1	Wounds, Burns 2.3
Stroke 3.7	Compl. of Surgery 7.7
Respiratory 5.8	Other Conditions 6.8

REVENUE

Billings \$	965,681
Disallowances	120,921
Collections	844,760
Other	0
Total	844,760

EXPENSES

Total \$	1,030,625
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	9.1
Licensed Practical Nurses	0.0
Home Health Aides	3.0
Physical Therapists	0.2
Occupational Therapists	0.4
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	16.7

Memorial Community Hospital Home Health Agency
 1011 North Main Street
 Edgerton WI 53534

Rock County

COUNTIES SERVED

Dane
 Rock

(608) 884-4910

License Number: 159
 Ownership of Agency: Nonprofit Corporation
 Title 18 (Medicare) certified? Yes
 Title 19 (Medicaid) certified? Yes
 Affiliated with a hospital? No
 Number of patients visited on 12/6/2001 = 18
 Number of unduplicated patients in 2001 = 260

TOTAL NUMBER OF ADMISSIONS 232

PERCENT ADMISSIONS FROM:

Private Residences	3.4%
General Hospitals	46.1
Nursing Homes	2.6
Other	47.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 239

PERCENT DISCHARGES TO:

Private Residences	46.9%
General Hospitals	43.5
Nursing Homes	2.1
Deaths	3.3
Other	4.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	204	2,944	14.4
Home Health Aide	83	1,075	13.0
Physical Therapy	77	491	6.4
Spch/Occ/Resp Therapy	16	90	5.6
Medical Social Service	12	46	3.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	16	644	40.3
Other Home Health Care	14	173	12.4
Homemkr & Other Non HH	36	733	20.4
TOTAL	XXXXXXX	6,196	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 72.0%
4 to 24 0.4	Medicaid 4.2
25 to 54 4.6	Other Federal 0.0
55 to 64 4.2	State Funds 1.9
65 to 74 19.6	Private Insurance 6.1
75 to 84 27.7	Self Pay 15.7
85 & over 43.5	Other 0.0
	TOTAL PATIENTS 261

Males 35.8% Females 64.2 %

PRIMARY DIAGNOSIS

Infectious Disorders 2.3%	Digestive Disorders 1.9%
Cancer 4.6	Genitourinary Sys. 2.7
Diabetes 8.5	Preg. & Childbirth 0.0
Diseases of Blood 0.4	Arthropathies 11.2
Dementia/Alzheimers 0.8	Osteopathies 0.4
Psychoses/Neuroses 0.4	Perinatal Period 0.0
Central Nervous Sys. 0.8	Ill-Defined Cond. 5.4
Paralysis/CP 1.9	Fractures 8.1
Cardiovascular 19.6	Wounds, Burns 4.2
Stroke 3.1	Compl. of Surgery 0.0
Respiratory 8.5	Other Conditions 15.4

REVENUE

Billings \$	705,940
Disallowances	55,179
Collections	650,761
Other	0
Total	650,761

EXPENSES

Total \$	552,387
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STAFFING

FTEs

Administrators	1.0
Reg. Nurse Supervisors	0.7
Registered Nurses	3.2
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.4
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.8
Homemakers	0.5
Other Staff	1.5
TOTAL FTEs	9.2

Mercy Assisted Care, Inc.

901 Mineral Point Avenue
Janesville WI 53545

Rock County

COUNTIES SERVED

Green
Rock
Walworth

(608) 754-2201

License Number: 99

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 109

Number of unduplicated patients in 2001 = 905

TOTAL NUMBER OF ADMISSIONS 824

PERCENT ADMISSIONS FROM:

Private Residences	10.3%
General Hospitals	60.0
Nursing Homes	9.2
Other	20.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 815

PERCENT DISCHARGES TO:

Private Residences	79.8%
General Hospitals	4.2
Nursing Homes	4.2
Deaths	5.6
Other	6.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	768	9,400	12.2
Home Health Aide	297	9,541	32.1
Physical Therapy	399	2,374	5.9
Spch/Occ/Resp Therapy	206	1,043	5.1
Medical Social Service	45	50	1.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	168	11,466	68.3
Other Home Health Care	35	1,574	45.0
Homemkr & Other Non HH	71	11,663	164.3
TOTAL	XXXXXXX	47,111	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.6%	Medicare	63.1%
4 to 24	2.1	Medicaid	14.2
25 to 54	12.0	Other Federal	0.1
55 to 64	12.4	State Funds	4.4
65 to 74	21.2	Private Insurance	13.6
75 to 84	29.4	Self Pay	4.0
85 & over	22.3	Other	0.6
		TOTAL PATIENTS	975

Males 35.8% Females 64.2 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.8%	Digestive Disorders	5.7%
Cancer	6.4	Genitourinary Sys.	4.4
Diabetes	5.1	Preg. & Childbirth	0.0
Diseases of Blood	3.4	Arthropathies	18.9
Dementia/Alzheimers	0.4	Osteopathies	2.2
Psychoses/Neuroses	0.6	Perinatal Period	0.0
Central Nervous Sys.	3.1	Ill-Defined Cond.	5.4
Paralysis/CP	1.2	Fractures	9.7
Cardiovascular	11.9	Wounds, Burns	4.2
Stroke	3.3	Compl. of Surgery	1.5
Respiratory	8.2	Other Conditions	3.4

REVENUE

Billings	\$ 2,509,233
Disallowances	-71,521
Collections	2,580,754
Other	40,048
Total	2,620,802

EXPENSES

Total	\$ 2,607,948
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	14.8
Licensed Practical Nurses	0.0
Home Health Aides	13.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	18.7
Homemakers	2.5
Other Staff	10.8
TOTAL FTES	64.4

Indianhead Home Health Care Agency

209 East Third Street, South, Box 10
Ladysmith WI 54848 Rusk County

(715) 532-5594

License Number: 295

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 8

Number of unduplicated patients in 2001 = 72

COUNTIES SERVED

Barron
Burnett
Polk
Rusk
St. Croix
Washburn

TOTAL NUMBER OF ADMISSIONS 55

PERCENT ADMISSIONS FROM:

Private Residences	32.7%
General Hospitals	56.4
Nursing Homes	10.9
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 60

PERCENT DISCHARGES TO:

Private Residences	30.0%
General Hospitals	61.7
Nursing Homes	5.0
Deaths	0.0
Other	3.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	61	1,309	21.5
Home Health Aide	17	1,595	93.8
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	10	745	74.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,649	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 8.0%
4 to 24 0.0	Medicaid 60.0
25 to 54 12.5	Other Federal 10.7
55 to 64 11.1	State Funds 1.3
65 to 74 22.2	Private Insurance 20.0
75 to 84 29.2	Self Pay 0.0
85 & over 25.0	Other 0.0
	TOTAL PATIENTS 75

Males 26.4% Females 73.6 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 2.8	Genitourinary Sys. 2.8
Diabetes 15.3	Preg. & Childbirth 0.0
Diseases of Blood 1.4	Arthropathies 6.9
Dementia/Alzheimers 6.9	Osteopathies 0.0
Psychoses/Neuroses 6.9	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 1.4
Paralysis/CP 4.2	Fractures 4.2
Cardiovascular 20.8	Wounds, Burns 1.4
Stroke 5.6	Compl. of Surgery 1.4
Respiratory 6.9	Other Conditions 11.1

REVENUE

Billings \$	318,521
Disallowances	83,901
Collections	234,620
Other	0
Total	234,620

EXPENSES

Total \$	176,048
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STAFFING**FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.4
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	1.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.5
Homemakers	0.0
Other Staff	0.7
TOTAL FTEs	4.2

Rusk County Home Health Care

311 Miner Avenue East, Suite C220

Ladysmith WI 54848

Rusk County

COUNTIES SERVED

Rusk

(715) 532-2299

License Number: 100

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 10

Number of unduplicated patients in 2001 = 150

TOTAL NUMBER OF ADMISSIONS 156**PERCENT ADMISSIONS FROM:**

Private Residences 30.8%

General Hospitals 59.0

Nursing Homes 10.3

Other 0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 155

PERCENT DISCHARGES TO:

Private Residences 71.6%

General Hospitals 18.7

Nursing Homes 5.2

Deaths 1.9

Other 2.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	150	2,561	17.1
Home Health Aide	80	1,438	18.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,999	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 83.6%
4 to 24 0.7	Medicaid 4.1
25 to 54 10.7	Other Federal 2.3
55 to 64 7.3	State Funds 0.0
65 to 74 16.0	Private Insurance 9.9
75 to 84 34.7	Self Pay 0.0
85 & over 30.7	Other 0.0
	TOTAL PATIENTS 171

Males 44.0% Females 56.0 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.7%	Digestive Disorders 2.0%
Cancer 13.3	Genitourinary Sys. 2.7
Diabetes 5.3	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 11.3
Dementia/Alzheimers 0.7	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.3	Ill-Defined Cond. 0.7
Paralysis/CP 0.7	Fractures 14.0
Cardiovascular 17.3	Wounds, Burns 19.3
Stroke 1.3	Compl. of Surgery 2.7
Respiratory 6.0	Other Conditions 0.0

REVENUE

Billings \$	426,877
Disallowances	38,566
Collections	388,311
Other	63,081
Total	451,392

EXPENSES

Total \$	443,235
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.4
Licensed Practical Nurses	0.0
Home Health Aides	0.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	10.2

Heartland Home Health

455 Davis Street, PO Box 387
Hammond WI 54015

St. Croix County

(715) 796-2223

COUNTIES SERVED

Dunn
Pierce
Polk
St. Croix

License Number: 128

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 20

Number of unduplicated patients in 2001 = 275

TOTAL NUMBER OF ADMISSIONS 269

PERCENT ADMISSIONS FROM:

Private Residences	29.7%
General Hospitals	59.9
Nursing Homes	8.9
Other	1.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 272

PERCENT DISCHARGES TO:

Private Residences	90.8%
General Hospitals	2.2
Nursing Homes	1.8
Deaths	3.7
Other	1.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	275	3,188	11.6
Home Health Aide	65	847	13.0
Physical Therapy	102	665	6.5
Spch/Occ/Resp Therapy	40	233	5.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,933	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	2.9%	Medicare	68.2%
4 to 24	2.2	Medicaid	3.2
25 to 54	14.5	Other Federal	3.2
55 to 64	10.9	State Funds	0.0
65 to 74	20.4	Private Insurance	24.5
75 to 84	32.7	Self Pay	0.7
85 & over	16.4	Other	0.0
		TOTAL PATIENTS	277

Males 44.7% Females 55.3 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.7%	Digestive Disorders	4.0%
Cancer	11.6	Genitourinary Sys.	3.6
Diabetes	2.9	Preg. & Childbirth	0.0
Diseases of Blood	1.8	Arthropathies	11.6
Dementia/Alzheimers	0.0	Osteopathies	3.3
Psychoses/Neuroses	0.0	Perinatal Period	1.8
Central Nervous Sys.	2.2	Ill-Defined Cond.	1.8
Paralysis/CP	0.0	Fractures	10.5
Cardiovascular	13.5	Wounds, Burns	1.8
Stroke	4.0	Compl. of Surgery	7.3
Respiratory	7.3	Other Conditions	10.2

REVENUE

Billings	\$	581,858
Disallowances		20,664
Collections		561,194
Other		0
Total		561,194

EXPENSES

Total	\$	674,175
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.5
Registered Nurses	4.5
Licensed Practical Nurses	0.4
Home Health Aides	0.8
Physical Therapists	0.7
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.9
TOTAL FTES	12.8

REM Health of Wisconsin, Inc.

1007 Washington Avenue
Baraboo WI 53913

Sauk County

(608) 356-7570

License Number: 36

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 62

Number of unduplicated patients in 2001 = 260

COUNTIES SERVED

Adams
Columbia
Dane
Dodge
Iowa
Juneau
Sauk

TOTAL NUMBER OF ADMISSIONS 170

PERCENT ADMISSIONS FROM:

Private Residences	33.5%
General Hospitals	37.1
Nursing Homes	15.3
Other	14.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 160

PERCENT DISCHARGES TO:

Private Residences	58.1%
General Hospitals	10.6
Nursing Homes	13.8
Deaths	4.4
Other	13.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	259	3,409	13.2
Home Health Aide	74	10,234	138.3
Physical Therapy	49	605	12.3
Spch/Occ/Resp Therapy	13	140	10.8
Medical Social Service	0	0	0.0
Private Duty Nursing	15	3,449	229.9
Personal Care/PC RN Supv.	241	21,305	88.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	39,142	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.7%	Medicare 19.7%
4 to 24 3.5	Medicaid 63.3
25 to 54 22.3	Other Federal 0.0
55 to 64 16.5	State Funds 0.3
65 to 74 19.6	Private Insurance 16.3
75 to 84 20.0	Self Pay 0.3
85 & over 15.4	Other 0.0
	TOTAL PATIENTS 289

Males 58.5% Females 41.5 %

PRIMARY DIAGNOSIS

Infectious Disorders 1.5%	Digestive Disorders 3.1%
Cancer 6.9	Genitourinary Sys. 0.8
Diabetes 11.5	Preg. & Childbirth 0.4
Diseases of Blood 5.0	Arthropathies 6.5
Dementia/Alzheimers 6.2	Osteopathies 2.3
Psychoses/Neuroses 2.3	Perinatal Period 0.0
Central Nervous Sys. 4.2	Ill-Defined Cond. 1.2
Paralysis/CP 1.5	Fractures 6.2
Cardiovascular 9.2	Wounds, Burns 5.4
Stroke 4.2	Compl. of Surgery 7.7
Respiratory 3.5	Other Conditions 10.4

REVENUE

Billings	\$ 3,482,861
Disallowances	1,033,228
Collections	2,449,633
Other	0
Total	2,449,633

EXPENSES

Total	\$ 2,485,625
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STAFFING**FTES**

Administrators	0.5
Reg. Nurse Supervisors	3.5
Registered Nurses	10.1
Licensed Practical Nurses	7.7
Home Health Aides	5.3
Physical Therapists	0.3
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	20.8
Homemakers	0.0
Other Staff	8.4
TOTAL FTES	56.9

Sauk County Health Department

505 Broadway, Suite 372
Baraboo WI 53913

Sauk County

COUNTIES SERVED

Juneau
Sauk

(608) 355-3290

License Number: 102

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 17

Number of unduplicated patients in 2001 = 128

TOTAL NUMBER OF ADMISSIONS 122

PERCENT ADMISSIONS FROM:

Private Residences	43.4%
General Hospitals	21.3
Nursing Homes	10.7
Other	24.6

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 114

PERCENT DISCHARGES TO:

Private Residences	56.1%
General Hospitals	9.6
Nursing Homes	6.1
Deaths	7.0
Other	21.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	125	2,963	23.7
Home Health Aide	70	3,154	45.1
Physical Therapy	27	266	9.9
Spch/Occ/Resp Therapy	7	61	8.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,444	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	3.9%	Medicare	55.1%
4 to 24	1.6	Medicaid	18.1
25 to 54	14.8	Other Federal	0.0
55 to 64	9.4	State Funds	2.2
65 to 74	17.2	Private Insurance	5.8
75 to 84	25.0	Self Pay	14.5
85 & over	28.1	Other	4.3
		TOTAL PATIENTS	138

Males 29.7% Females 70.3 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.6%	Digestive Disorders	3.1%
Cancer	10.9	Genitourinary Sys.	3.1
Diabetes	8.6	Preg. & Childbirth	0.0
Diseases of Blood	2.3	Arthropathies	8.6
Dementia/Alzheimers	0.8	Osteopathies	4.7
Psychoses/Neuroses	3.9	Perinatal Period	0.8
Central Nervous Sys.	3.9	Ill-Defined Cond.	2.3
Paralysis/CP	0.0	Fractures	8.6
Cardiovascular	14.1	Wounds, Burns	6.3
Stroke	5.5	Compl. of Surgery	0.8
Respiratory	6.3	Other Conditions	3.9

REVENUE

Billings	\$	477,778
Disallowances		50,299
Collections		427,479
Other		33,677
Total		461,156

EXPENSES

Total	\$	561,784
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.0
Licensed Practical Nurses	0.0
Home Health Aides	2.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.5
TOTAL FTES	10.3

Sawyer County Health & Human Services

105 East 4th Street
Hayward WI 54843

Sawyer County

COUNTIES SERVED

Sawyer

(715) 634-4806

License Number: 103

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 10

Number of unduplicated patients in 2001 = 135

TOTAL NUMBER OF ADMISSIONS 114

PERCENT ADMISSIONS FROM:

Private Residences	32.5%
General Hospitals	51.8
Nursing Homes	14.0
Other	1.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 126

PERCENT DISCHARGES TO:

Private Residences	71.4%
General Hospitals	5.6
Nursing Homes	8.7
Deaths	4.8
Other	9.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	130	1,011	7.8
Home Health Aide	52	967	18.6
Physical Therapy	69	1,415	20.5
Spch/Occ/Resp Therapy	2	16	8.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,409	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	73.3%
4 to 24	1.5	Medicaid	14.1
25 to 54	5.9	Other Federal	3.0
55 to 64	13.3	State Funds	0.0
65 to 74	21.5	Private Insurance	8.9
75 to 84	26.7	Self Pay	0.7
85 & over	31.1	Other	0.0
		TOTAL PATIENTS	135

Males 43.7% Females 56.3 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	7.4%
Cancer	5.2	Genitourinary Sys.	0.0
Diabetes	10.4	Preg. & Childbirth	0.0
Diseases of Blood	3.0	Arthropathies	17.0
Dementia/Alzheimers	0.7	Osteopathies	1.5
Psychoses/Neuroses	1.5	Perinatal Period	0.0
Central Nervous Sys.	3.7	Ill-Defined Cond.	8.1
Paralysis/CP	2.2	Fractures	16.3
Cardiovascular	11.9	Wounds, Burns	1.5
Stroke	2.2	Compl. of Surgery	0.7
Respiratory	1.5	Other Conditions	5.2

REVENUE

Billings	\$	516,140
Disallowances		32,169
Collections		483,971
Other		0
Total		483,971

EXPENSES

Total	\$	439,885
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.2
Licensed Practical Nurses	0.0
Home Health Aides	2.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	8.5

Shawano Community Home Care

309 North Bartlette Street
Shawano WI 54166

Shawano County

(715) 524-2169

License Number: 104

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 27

Number of unduplicated patients in 2001 = 323

COUNTIES SERVED

Brown
Langlade
Marathon
Menominee
Oconto
Shawano
Waupaca

TOTAL NUMBER OF ADMISSIONS 313

PERCENT ADMISSIONS FROM:

Private Residences	5.4%
General Hospitals	66.8
Nursing Homes	7.0
Other	20.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 333

PERCENT DISCHARGES TO:

Private Residences	66.4%
General Hospitals	7.5
Nursing Homes	5.7
Deaths	19.5
Other	0.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	249	2,158	8.7
Home Health Aide	55	1,598	29.1
Physical Therapy	83	549	6.6
Spch/Occ/Resp Therapy	49	344	7.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	56	2,966	53.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,615	XXXXXX

AGE AND SEX OF PATIENTS

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	2.5%	Medicare	62.8%
4 to 24	1.9	Medicaid	16.1
25 to 54	15.5	Other Federal	0.9
55 to 64	10.2	State Funds	0.0
65 to 74	23.2	Private Insurance	15.5
75 to 84	29.7	Self Pay	3.4
85 & over	17.0	Other	1.2
		TOTAL PATIENTS	323

Males 43.0% Females 57.0 %

PRIMARY DIAGNOSIS

Infectious Disorders	2.2%	Digestive Disorders	6.5%
Cancer	29.1	Genitourinary Sys.	4.0
Diabetes	1.5	Preg. & Childbirth	0.3
Diseases of Blood	1.2	Arthropathies	6.5
Dementia/Alzheimers	0.3	Osteopathies	1.2
Psychoses/Neuroses	0.3	Perinatal Period	0.6
Central Nervous Sys.	2.8	Ill-Defined Cond.	2.5
Paralysis/CP	3.1	Fractures	5.9
Cardiovascular	14.2	Wounds, Burns	5.9
Stroke	3.1	Compl. of Surgery	0.9
Respiratory	4.0	Other Conditions	3.7

REVENUE

Billings	\$	577,477
Disallowances		117,656
Collections		459,821
Other		0
Total		459,821

EXPENSES

Total	\$	582,096
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STAFFING**FTES**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	4.3
Licensed Practical Nurses	0.0
Home Health Aides	6.3
Physical Therapists	0.4
Occupational Therapists	0.2
Speech Pathologists	0.2
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	15.3

St. Nicholas Hospital Home Health & Hospice

1601 North Taylor Drive
Sheboygan WI 53081

Sheboygan County

(920) 457-5770

COUNTIES SERVED

Calumet
Manitowoc
Ozaukee
Sheboygan

License Number: 124

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 50

Number of unduplicated patients in 2001 = 537

TOTAL NUMBER OF ADMISSIONS 547

PERCENT ADMISSIONS FROM:

Private Residences	31.1%
General Hospitals	63.4
Nursing Homes	4.6
Other	0.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 568

PERCENT DISCHARGES TO:

Private Residences	65.0%
General Hospitals	25.2
Nursing Homes	4.6
Deaths	3.2
Other	2.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	524	7,958	15.2
Home Health Aide	148	3,885	26.3
Physical Therapy	108	863	8.0
Spch/Occ/Resp Therapy	37	217	5.9
Medical Social Service	38	51	1.3
Private Duty Nursing	1	102	102.0
Personal Care/PC RN Supv.	138	8,187	59.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	82	1,659	20.2
TOTAL	XXXXXXX	22,922	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.0%	Medicare 73.1%
4 to 24 1.7	Medicaid 9.4
25 to 54 8.9	Other Federal 0.0
55 to 64 8.0	State Funds 0.0
65 to 74 20.7	Private Insurance 12.9
75 to 84 35.9	Self Pay 4.6
85 & over 21.8	Other 0.0
	TOTAL PATIENTS 542

Males 38.4% Females 61.6 %

PRIMARY DIAGNOSIS

Infectious Disorders 1.3%	Digestive Disorders 6.3%
Cancer 7.6	Genitourinary Sys. 3.0
Diabetes 5.2	Preg. & Childbirth 0.2
Diseases of Blood 0.6	Arthropathies 9.1
Dementia/Alzheimers 0.4	Osteopathies 0.9
Psychoses/Neuroses 0.9	Perinatal Period 2.6
Central Nervous Sys. 1.9	Ill-Defined Cond. 8.6
Paralysis/CP 0.9	Fractures 6.1
Cardiovascular 23.3	Wounds, Burns 2.6
Stroke 2.2	Compl. of Surgery 1.1
Respiratory 5.0	Other Conditions 10.1

REVENUE

Billings	\$ 1,370,944
Disallowances	262,100
Collections	1,108,844
Other	81,282
Total	1,190,126

EXPENSES

Total	\$ 2,083,113
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	12.2
Licensed Practical Nurses	0.0
Home Health Aides	6.1
Physical Therapists	0.4
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.4
Homemakers	1.7
Other Staff	8.0
TOTAL FTES	34.8

Taylor County Health Department

224 South 2nd Street
Medford WI 54451

Taylor County

COUNTIES SERVED

Taylor

(715) 748-1410

License Number: 106

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 8

Number of unduplicated patients in 2001 = 98

TOTAL NUMBER OF ADMISSIONS 66

PERCENT ADMISSIONS FROM:

Private Residences	22.7%
General Hospitals	69.7
Nursing Homes	6.1
Other	1.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 81

PERCENT DISCHARGES TO:

Private Residences	51.9%
General Hospitals	7.4
Nursing Homes	17.3
Deaths	9.9
Other	13.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	98	2,119	21.6
Home Health Aide	48	1,248	26.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	12	170	14.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,537	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.0%	Medicare 74.8%
4 to 24 0.0	Medicaid 13.1
25 to 54 4.1	Other Federal 0.0
55 to 64 6.1	State Funds 0.0
65 to 74 17.3	Private Insurance 6.5
75 to 84 33.7	Self Pay 5.6
85 & over 37.8	Other 0.0
	TOTAL PATIENTS 107

Males 36.7% Females 63.3 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 10.2%
Cancer 8.2	Genitourinary Sys. 1.0
Diabetes 4.1	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 4.1
Dementia/Alzheimers 0.0	Osteopathies 2.0
Psychoses/Neuroses 1.0	Perinatal Period 0.0
Central Nervous Sys. 2.0	Ill-Defined Cond. 4.1
Paralysis/CP 1.0	Fractures 5.1
Cardiovascular 35.7	Wounds, Burns 10.2
Stroke 3.1	Compl. of Surgery 1.0
Respiratory 7.1	Other Conditions 0.0

REVENUE

Billings \$	339,867
Disallowances	2,790
Collections	337,077
Other	7
Total	337,084

EXPENSES

Total \$	308,481
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.1
Licensed Practical Nurses	0.0
Home Health Aides	0.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	6.9

Trempealeau County Health Department

Courthouse
Whitehall WI 54773

Trempealeau County

COUNTIES SERVED

Trempealeau

(715) 538-2311

License Number: 107

Ownership of Agency: County

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 4

Number of unduplicated patients in 2001 = 32

TOTAL NUMBER OF ADMISSIONS 17

PERCENT ADMISSIONS FROM:

Private Residences	0.0%
General Hospitals	52.9
Nursing Homes	17.6
Other	29.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 23

PERCENT DISCHARGES TO:

Private Residences	21.7%
General Hospitals	47.8
Nursing Homes	21.7
Deaths	8.7
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	32	298	9.3
Home Health Aide	1	50	50.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	44	1,059	24.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,407	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 0.0	Medicaid 13.5
25 to 54 6.3	Other Federal 54.1
55 to 64 9.4	State Funds 13.5
65 to 74 21.9	Private Insurance 8.1
75 to 84 37.5	Self Pay 10.8
85 & over 25.0	Other 0.0
	TOTAL PATIENTS 37

Males 21.9% Females 78.1 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 9.4	Preg. & Childbirth 3.1
Diseases of Blood 6.3	Arthropathies 25.0
Dementia/Alzheimers 0.0	Osteopathies 15.6
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 3.1	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 6.3
Cardiovascular 21.9	Wounds, Burns 0.0
Stroke 6.3	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 3.1

REVENUE

Billings \$	18,815
Disallowances	3,974
Collections	14,841
Other	0
Total	14,841

EXPENSES

Total \$	125,303
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STAFFING**FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.0
Registered Nurses	0.5
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.3
TOTAL FTES	1.9

Vernon Memorial Hospital HHC Agency

507 South Main Street
Viroqua WI 54665

Vernon County

(608) 637-4362

COUNTIES SERVED

Crawford
Monroe
Richland
Vernon

License Number: 271

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 4

Number of unduplicated patients in 2001 = 130

TOTAL NUMBER OF ADMISSIONS 122

PERCENT ADMISSIONS FROM:

Private Residences	18.0%
General Hospitals	70.5
Nursing Homes	11.5
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 126

PERCENT DISCHARGES TO:

Private Residences	85.7%
General Hospitals	3.2
Nursing Homes	7.1
Deaths	1.6
Other	2.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	130	1,403	10.8
Home Health Aide	32	466	14.6
Physical Therapy	66	378	5.7
Spch/Occ/Resp Therapy	26	219	8.4
Medical Social Service	16	21	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,487	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	79.4%
4 to 24	1.5	Medicaid	4.6
25 to 54	13.8	Other Federal	0.0
55 to 64	8.5	State Funds	0.0
65 to 74	23.1	Private Insurance	14.5
75 to 84	34.6	Self Pay	0.8
85 & over	18.5	Other	0.8
		TOTAL PATIENTS	131

Males 42.3% Females 57.7 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.5%	Digestive Disorders	2.3%
Cancer	4.6	Genitourinary Sys.	2.3
Diabetes	4.6	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	16.2
Dementia/Alzheimers	0.0	Osteopathies	3.1
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	11.5
Paralysis/CP	0.0	Fractures	6.2
Cardiovascular	23.1	Wounds, Burns	3.8
Stroke	3.8	Compl. of Surgery	3.8
Respiratory	5.4	Other Conditions	7.7

REVENUE

Billings	\$	234,902
Disallowances		21,613
Collections		213,289
Other		25
Total		213,314

EXPENSES

Total	\$	264,027
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	1.9
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.5
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTES	5.6

Home Care Network, Inc.

N3252 Hwy H, North, PO Box 384
Lake Geneva WI 53147

Walworth County

COUNTIES SERVED

Kenosha
Walworth

(262) 248-0457

License Number: 125

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 9

Number of unduplicated patients in 2001 = 69

TOTAL NUMBER OF ADMISSIONS 57

PERCENT ADMISSIONS FROM:

Private Residences	57.9%
General Hospitals	28.1
Nursing Homes	7.0
Other	7.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 45

PERCENT DISCHARGES TO:

Private Residences	73.3%
General Hospitals	2.2
Nursing Homes	6.7
Deaths	15.6
Other	2.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	69	1,663	24.1
Home Health Aide	13	164	12.6
Physical Therapy	31	290	9.4
Spch/Occ/Resp Therapy	19	170	8.9
Medical Social Service	9	99	11.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,386	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	84.9%
4 to 24	0.0	Medicaid	2.7
25 to 54	7.2	Other Federal	0.0
55 to 64	5.8	State Funds	0.0
65 to 74	27.5	Private Insurance	9.6
75 to 84	34.8	Self Pay	2.7
85 & over	24.6	Other	0.0
		TOTAL PATIENTS	73

Males 30.4% Females 69.6 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.4%	Digestive Disorders	2.9%
Cancer	7.2	Genitourinary Sys.	1.4
Diabetes	13.0	Preg. & Childbirth	0.0
Diseases of Blood	2.9	Arthropathies	5.8
Dementia/Alzheimers	0.0	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	10.1	Ill-Defined Cond.	0.0
Paralysis/CP	1.4	Fractures	17.4
Cardiovascular	11.6	Wounds, Burns	10.1
Stroke	1.4	Compl. of Surgery	0.0
Respiratory	10.1	Other Conditions	2.9

REVENUE

Billings	\$	386,836
Disallowances		685
Collections		386,151
Other		0
Total		386,151

EXPENSES

Total	\$	336,825
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.0
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.1
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.6
TOTAL FTES	3.9

Hearts of Gold, Inc.

38 West 5th Avenue, PO Box 220
Shell Lake WI 54871

Washburn County

(715) 468-2931

COUNTIES SERVED

Barron
Burnett
Sawyer
Washburn

License Number: 304

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 10

Number of unduplicated patients in 2001 = 130

TOTAL NUMBER OF ADMISSIONS 125

PERCENT ADMISSIONS FROM:

Private Residences	31.2%
General Hospitals	56.8
Nursing Homes	0.8
Other	11.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 115

PERCENT DISCHARGES TO:

Private Residences	72.2%
General Hospitals	11.3
Nursing Homes	6.1
Deaths	7.0
Other	3.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	130	2,024	15.6
Home Health Aide	58	1,617	27.9
Physical Therapy	10	55	5.5
Spch/Occ/Resp Therapy	5	41	8.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	18	409	22.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,146	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.5%	Medicare 57.0%
4 to 24 3.1	Medicaid 24.2
25 to 54 6.2	Other Federal 5.5
55 to 64 15.4	State Funds 0.0
65 to 74 15.4	Private Insurance 8.5
75 to 84 36.9	Self Pay 0.6
85 & over 21.5	Other 4.2
	TOTAL PATIENTS 165

Males 38.5% Females 61.5 %

PRIMARY DIAGNOSIS

Infectious Disorders 6.2%	Digestive Disorders 1.5%
Cancer 12.3	Genitourinary Sys. 1.5
Diabetes 3.1	Preg. & Childbirth 0.0
Diseases of Blood 0.8	Arthropathies 8.5
Dementia/Alzheimers 0.8	Osteopathies 4.6
Psychoses/Neuroses 1.5	Perinatal Period 0.0
Central Nervous Sys. 6.2	Ill-Defined Cond. 0.8
Paralysis/CP 0.0	Fractures 7.7
Cardiovascular 20.8	Wounds, Burns 6.2
Stroke 3.1	Compl. of Surgery 0.8
Respiratory 8.5	Other Conditions 5.4

REVENUE

Billings \$	319,910
Disallowances	34,418
Collections	285,492
Other	0
Total	285,492

EXPENSES

Total \$	310,243
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STAFFING**FTEs**

Administrators	0.5
Reg. Nurse Supervisors	0.8
Registered Nurses	0.3
Licensed Practical Nurses	1.5
Home Health Aides	2.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.5
TOTAL FTEs	9.0

Indianhead Medical Center, Inc.

113 4th Avenue
Shell Lake WI 54871

Washburn County

(715) 468-7833

COUNTIES SERVED

Barron
Burnett
Polk
Washburn

License Number: 324

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 10

Number of unduplicated patients in 2001 = 79

TOTAL NUMBER OF ADMISSIONS 67

PERCENT ADMISSIONS FROM:

Private Residences	17.9%
General Hospitals	67.2
Nursing Homes	13.4
Other	1.5

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 71

PERCENT DISCHARGES TO:

Private Residences	69.0%
General Hospitals	7.0
Nursing Homes	14.1
Deaths	2.8
Other	7.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	78	1,448	18.6
Home Health Aide	27	553	20.5
Physical Therapy	16	140	8.8
Spch/Occ/Resp Therapy	17	91	5.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	6	103	17.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,335	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 76.2%
4 to 24 0.0	Medicaid 4.8
25 to 54 16.5	Other Federal 1.2
55 to 64 7.6	State Funds 0.0
65 to 74 19.0	Private Insurance 13.1
75 to 84 35.4	Self Pay 3.6
85 & over 21.5	Other 1.2
	TOTAL PATIENTS 84

Males 46.8% Females 53.2 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 2.5%
Cancer 11.4	Genitourinary Sys. 1.3
Diabetes 19.0	Preg. & Childbirth 0.0
Diseases of Blood 1.3	Arthropathies 6.3
Dementia/Alzheimers 1.3	Osteopathies 1.3
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.3	Ill-Defined Cond. 1.3
Paralysis/CP 0.0	Fractures 8.9
Cardiovascular 16.5	Wounds, Burns 3.8
Stroke 5.1	Compl. of Surgery 2.5
Respiratory 10.1	Other Conditions 6.3

REVENUE

Billings \$	228,542
Disallowances	25,249
Collections	203,293
Other	0
Total	203,293

EXPENSES

Total \$	206,414
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STAFFING**FTEs**

Administrators	0.1
Reg. Nurse Supervisors	0.9
Registered Nurses	2.0
Licensed Practical Nurses	0.1
Home Health Aides	0.8
Physical Therapists	0.1
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTEs	4.8

Spooner Health System Home Care

819 Ash Street
 Spooner WI 54801

Washburn County

(715) 635-2111

COUNTIES SERVED

Burnett
 Douglas
 Sawyer
 Washburn

License Number: 208
 Ownership of Agency: Nonprofit Corporation
 Title 18 (Medicare) certified? Yes
 Title 19 (Medicaid) certified? Yes
 Affiliated with a hospital? No
 Number of patients visited on 12/6/2001 = 11
 Number of unduplicated patients in 2001 = 131

TOTAL NUMBER OF ADMISSIONS 133

PERCENT ADMISSIONS FROM:

Private Residences	24.1%
General Hospitals	69.9
Nursing Homes	2.3
Other	3.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 131

PERCENT DISCHARGES TO:

Private Residences	69.5%
General Hospitals	19.1
Nursing Homes	3.8
Deaths	2.3
Other	5.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	131	1,412	10.8
Home Health Aide	58	697	12.0
Physical Therapy	62	436	7.0
Spch/Occ/Resp Therapy	44	241	5.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	12	551	45.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	5	173	34.6
TOTAL	XXXXXXX	3,510	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	73.8%
4 to 24	1.5	Medicaid	12.1
25 to 54	7.6	Other Federal	0.0
55 to 64	8.4	State Funds	0.0
65 to 74	15.3	Private Insurance	8.1
75 to 84	42.7	Self Pay	4.7
85 & over	24.4	Other	1.3
		TOTAL PATIENTS	149

Males 30.5% Females 69.5 %

PRIMARY DIAGNOSIS

Infectious Disorders	3.1%	Digestive Disorders	7.6%
Cancer	3.8	Genitourinary Sys.	3.8
Diabetes	2.3	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	17.6
Dementia/Alzheimers	0.8	Osteopathies	3.1
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	2.3	Ill-Defined Cond.	3.8
Paralysis/CP	0.0	Fractures	6.9
Cardiovascular	16.0	Wounds, Burns	3.1
Stroke	8.4	Compl. of Surgery	2.3
Respiratory	9.9	Other Conditions	5.3

REVENUE

Billings	\$	363,379
Disallowances		22,697
Collections		340,682
Other		0
Total		340,682

EXPENSES

Total	\$	295,229
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.7
Licensed Practical Nurses	0.0
Home Health Aides	0.8
Physical Therapists	0.4
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	6.4

Washburn County Health Department

222 Oak Street
 Spooner WI 54801

Washburn County

COUNTIES SERVED

Washburn

(715) 635-4400

License Number: 111

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 6

Number of unduplicated patients in 2001 = 79

TOTAL NUMBER OF ADMISSIONS 76

PERCENT ADMISSIONS FROM:

Private Residences	80.3%
General Hospitals	9.2
Nursing Homes	5.3
Other	5.3

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 78

PERCENT DISCHARGES TO:

Private Residences	71.8%
General Hospitals	7.7
Nursing Homes	11.5
Deaths	2.6
Other	6.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	79	1,130	14.3
Home Health Aide	37	780	21.1
Physical Therapy	40	700	17.5
Spch/Occ/Resp Therapy	9	91	10.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	24	482	20.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,183	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.3%	Medicare 56.0%
4 to 24 1.3	Medicaid 35.0
25 to 54 11.4	Other Federal 0.0
55 to 64 11.4	State Funds 1.0
65 to 74 19.0	Private Insurance 5.0
75 to 84 32.9	Self Pay 3.0
85 & over 22.8	Other 0.0
	TOTAL PATIENTS 100

Males 32.9% Females 67.1 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 12.7	Genitourinary Sys. 0.0
Diabetes 8.9	Preg. & Childbirth 0.0
Diseases of Blood 1.3	Arthropathies 12.7
Dementia/Alzheimers 1.3	Osteopathies 2.5
Psychoses/Neuroses 0.0	Perinatal Period 2.5
Central Nervous Sys. 2.5	Ill-Defined Cond. 2.5
Paralysis/CP 1.3	Fractures 10.1
Cardiovascular 12.7	Wounds, Burns 3.8
Stroke 2.5	Compl. of Surgery 0.0
Respiratory 5.1	Other Conditions 17.7

REVENUE

Billings \$	300,836
Disallowances	109,374
Collections	191,462
Other	0
Total	191,462

EXPENSES

Total \$	346,195
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STAFFING**FTEs**

Administrators	0.3
Reg. Nurse Supervisors	0.0
Registered Nurses	1.9
Licensed Practical Nurses	0.0
Home Health Aides	1.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.4
Homemakers	0.0
Other Staff	1.5
TOTAL FTEs	5.4

Heartland Home Health Care & Hospice

13255 West Bluemound Road, Suite 202
 Brookfield WI 53005 Waukesha County

(262) 641-6624

License Number: 280
 Ownership of Agency: Proprietary Corporation
 Title 18 (Medicare) certified? Yes
 Title 19 (Medicaid) certified? Yes
 Affiliated with a hospital? No
 Number of patients visited on 12/6/2001 = 153
 Number of unduplicated patients in 2001 = 1,636

COUNTIES SERVED

Dane
 Dodge
 Fond du Lac
 Kenosha
 Milwaukee
 Ozaukee
 Racine
 Walworth
 Washington
 Waukesha

TOTAL NUMBER OF ADMISSIONS 1,550

PERCENT ADMISSIONS FROM:

Private Residences 53.4%
 General Hospitals 17.2
 Nursing Homes 21.6
 Other 7.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1,497

PERCENT DISCHARGES TO:

Private Residences 77.7%
 General Hospitals 10.6
 Nursing Homes 6.4
 Deaths 3.3
 Other 2.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,512	35,801	23.7
Home Health Aide	390	29,700	76.2
Physical Therapy	650	3,505	5.4
Spch/Occ/Resp Therapy	646	1,025	1.6
Medical Social Service	402	590	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	70,621	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 61.0%
4 to 24 2.2	Medicaid 11.9
25 to 54 11.9	Other Federal 0.0
55 to 64 9.8	State Funds 0.0
65 to 74 19.7	Private Insurance 12.6
75 to 84 33.1	Self Pay 6.2
85 & over 22.9	Other 8.2
	TOTAL PATIENTS 2,680

Males 36.7% Females 63.3 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	PERCENT
Infectious Disorders	1.0%
Cancer	7.2
Diabetes	4.8
Diseases of Blood	2.1
Dementia/Alzheimers	5.2
Psychoses/Neuroses	2.8
Central Nervous Sys.	4.5
Paralysis/CP	3.8
Cardiovascular	11.0
Stroke	9.8
Respiratory	1.2

PRIMARY DIAGNOSIS	PERCENT
Digestive Disorders	1.9%
Genitourinary Sys.	1.8
Preg. & Childbirth	0.1
Arthropathies	5.6
Osteopathies	6.1
Perinatal Period	0.1
Ill-Defined Cond.	7.3
Fractures	4.4
Wounds, Burns	2.3
Compl. of Surgery	0.9
Other Conditions	16.1

REVENUE

Billings	\$ 4,170,157
Disallowances	-555,429
Collections	4,725,586
Other	1,497
Total	4,727,083

EXPENSES

Total	\$ 4,686,047
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STAFFING**FTES**

Administrators	3.0
Reg. Nurse Supervisors	7.5
Registered Nurses	14.6
Licensed Practical Nurses	19.1
Home Health Aides	25.3
Physical Therapists	3.8
Occupational Therapists	0.9
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	2.2
Other Therapeutic Staff	0.1
Personal Care Workers	11.0
Homemakers	1.4
Other Staff	13.6
TOTAL FTES	102.4

Universal Pediatric Services, Inc.

17100 West Bluemound Road, Suite 200
 Brookfield WI 53005 Waukesha County

(877) 347-8800

COUNTIES SERVED

Dane
 Kenosha
 Milwaukee
 Walworth
 Waukesha

License Number: 1009

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 9

Number of unduplicated patients in 2001 = 41

TOTAL NUMBER OF ADMISSIONS 15

PERCENT ADMISSIONS FROM:

Private Residences	0.0%
General Hospitals	100.0
Nursing Homes	0.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 15

PERCENT DISCHARGES TO:

Private Residences	86.7%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	13.3
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	9	133	14.8
Home Health Aide	2	436	218.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	30	3,258	108.6
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,827	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 41.5%	Medicare 0.0%
4 to 24 58.5	Medicaid 95.3
25 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 4.7
75 to 84 0.0	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 43

Males 58.5% Females 41.5 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 4.9	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 41.5
Central Nervous Sys. 2.4	Ill-Defined Cond. 7.3
Paralysis/CP 4.9	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 4.9	Other Conditions 34.1

REVENUE

Billings	\$ 1,283,434
Disallowances	281,409
Collections	1,002,025
Other	0
Total	1,002,025

EXPENSES

Total	\$ 1,115,615
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.6
Registered Nurses	7.0
Licensed Practical Nurses	3.0
Home Health Aides	1.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	13.6

Prohealth Home Care

1020 James Drive
Hartland WI 53029

Waukesha County

(262) 928-7444

License Number: 170

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 153

Number of unduplicated patients in 2001 = 2,221

COUNTIES SERVED

Dodge
Jefferson
Kenosha
Milwaukee
Racine
Rock
Walworth
Washington
Waukesha

TOTAL NUMBER OF ADMISSIONS 2,236

PERCENT ADMISSIONS FROM:

Private Residences	20.8%
General Hospitals	71.7
Nursing Homes	1.5
Other	6.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 2,274

PERCENT DISCHARGES TO:

Private Residences	82.7%
General Hospitals	7.7
Nursing Homes	3.0
Deaths	0.8
Other	5.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2,175	17,801	8.2
Home Health Aide	283	6,203	21.9
Physical Therapy	716	4,798	6.7
Spch/Occ/Resp Therapy	278	2,026	7.3
Medical Social Service	85	110	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	259	7,941	30.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	83	2,617	31.5
TOTAL	XXXXXXX	41,496	XXXXXX

AGE AND SEX OF PATIENTS

AGE	SEX	PATIENT REIMBURSEMENT SOURCE
Under 4	5.1%	Medicare 49.1%
4 to 24	6.8	Medicaid 3.7
25 to 54	25.9	Other Federal 0.0
55 to 64	6.3	State Funds 1.8
65 to 74	15.2	Private Insurance 30.5
75 to 84	25.0	Self Pay 14.6
85 & over	15.6	Other 0.4
		TOTAL PATIENTS 3,132

Males 30.8% Females 69.2 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	%
Infectious Disorders	1.3%
Cancer	7.6
Diabetes	2.9
Diseases of Blood	1.4
Dementia/Alzheimers	0.3
Psychoses/Neuroses	1.3
Central Nervous Sys.	2.8
Paralysis/CP	0.4
Cardiovascular	15.1
Stroke	2.8
Respiratory	6.0

PRIMARY DIAGNOSIS	%
Digestive Disorders	4.8%
Genitourinary Sys.	4.1
Preg. & Childbirth	19.6
Arthropathies	6.2
Osteopathies	1.4
Perinatal Period	4.5
Ill-Defined Cond.	4.1
Fractures	5.4
Wounds, Burns	6.6
Compl. of Surgery	0.5
Other Conditions	0.9

REVENUE

Billings	\$ 3,769,644
Disallowances	550,209
Collections	3,219,435
Other	36,000
Total	3,255,435

EXPENSES

Total	\$ 3,253,758
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	28.5
Licensed Practical Nurses	1.8
Home Health Aides	17.6
Physical Therapists	5.2
Occupational Therapists	1.4
Speech Pathologists	0.5
Respiratory Therapists	0.0
Medical Social Workers	1.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	3.3
Other Staff	11.8
TOTAL FTES	74.1

Hannah Home Health Care, Inc.

920 Greenwald Court, Suite 300
Mukwonago WI 53149

Waukesha County

(262) 363-2500

COUNTIES SERVED

Milwaukee
Racine
Walworth
Waukesha

License Number: 240

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 39

Number of unduplicated patients in 2001 = 112

TOTAL NUMBER OF ADMISSIONS 70

PERCENT ADMISSIONS FROM:

Private Residences	38.6%
General Hospitals	25.7
Nursing Homes	24.3
Other	11.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 52

PERCENT DISCHARGES TO:

Private Residences	65.4%
General Hospitals	7.7
Nursing Homes	17.3
Deaths	5.8
Other	3.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	110	3,144	28.6
Home Health Aide	69	11,063	160.3
Physical Therapy	30	170	5.7
Spch/Occ/Resp Therapy	7	34	4.9
Medical Social Service	0	0	0.0
Private Duty Nursing	1	64	64.0
Personal Care/PC RN Supv.	28	975	34.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	15,450	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	1.8%	Medicare	44.5%
4 to 24	10.7	Medicaid	39.5
25 to 54	22.3	Other Federal	0.8
55 to 64	10.7	State Funds	0.0
65 to 74	9.8	Private Insurance	7.6
75 to 84	27.7	Self Pay	7.6
85 & over	17.0	Other	0.0
		TOTAL PATIENTS	119

Males 42.9% Females 57.1 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.9%
Cancer	3.6	Genitourinary Sys.	0.9
Diabetes	2.7	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	5.4
Dementia/Alzheimers	0.9	Osteopathies	2.7
Psychoses/Neuroses	0.9	Perinatal Period	0.0
Central Nervous Sys.	18.8	Ill-Defined Cond.	7.1
Paralysis/CP	11.6	Fractures	4.5
Cardiovascular	6.3	Wounds, Burns	2.7
Stroke	8.0	Compl. of Surgery	0.9
Respiratory	2.7	Other Conditions	19.6

REVENUE

Billings	\$	953,767
Disallowances		219,014
Collections		734,753
Other		3,602
Total		738,355

EXPENSES

Total	\$	710,743
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.5
Licensed Practical Nurses	0.2
Home Health Aides	10.9
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.1
TOTAL FTES	19.7

Coram Alternate Site Services, Inc.

17012 West Victor Road
New Berlin WI 53151

Waukesha County

(262) 785-9318

License Number: 247

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 5

Number of unduplicated patients in 2001 = 169

COUNTIES SERVED

Brown
Fond du Lac
Kenosha
Manitowoc
Milwaukee
Outagamie
Racine
Rock
Sheboygan
Walworth

TOTAL NUMBER OF ADMISSIONS 146

PERCENT ADMISSIONS FROM:

Private Residences	24.7%
General Hospitals	73.3
Nursing Homes	1.4
Other	0.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 159

PERCENT DISCHARGES TO:

Private Residences	88.1%
General Hospitals	1.9
Nursing Homes	0.6
Deaths	8.2
Other	1.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	169	1,674	9.9
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,674	XXXXXX

AGE AND SEX OF PATIENTS

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	4.1%	Medicare	0.0%
4 to 24	23.1	Medicaid	0.0
25 to 54	48.5	Other Federal	1.8
55 to 64	18.9	State Funds	0.0
65 to 74	4.1	Private Insurance	97.0
75 to 84	1.2	Self Pay	0.0
85 & over	0.0	Other	1.2
		TOTAL PATIENTS	169

Males 55.0% Females 45.0 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	
Infectious Disorders	8.3%
Cancer	27.2
Diabetes	0.6
Diseases of Blood	3.6
Dementia/Alzheimers	0.0
Psychoses/Neuroses	0.0
Central Nervous Sys.	4.1
Paralysis/CP	0.0
Cardiovascular	2.4
Stroke	0.0
Respiratory	1.8

PRIMARY DIAGNOSIS	
Digestive Disorders	7.7%
Genitourinary Sys.	1.8
Preg. & Childbirth	1.2
Arthropathies	3.0
Osteopathies	5.3
Perinatal Period	1.2
Ill-Defined Cond.	0.6
Fractures	0.0
Wounds, Burns	3.6
Compl. of Surgery	8.9
Other Conditions	18.9

REVENUE

Billings	\$	343,549
Disallowances		152,069
Collections		191,480
Other		0
Total		191,480

EXPENSES

Total	\$	372,637
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.7
Registered Nurses	4.7
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	6.4

Lutheran Social Service Home Care

N555A W226 Eastmound Drive

Waukesha WI 53186

Waukesha County

(262) 896-3444

COUNTIES SERVED

Jefferson

Milwaukee

Rock

Walworth

Waukesha

License Number: 220

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 148

Number of unduplicated patients in 2001 = 206

TOTAL NUMBER OF ADMISSIONS 46**PERCENT ADMISSIONS FROM:**

Private Residences 23.9%

General Hospitals 17.4

Nursing Homes 8.7

Other 50.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 46

PERCENT DISCHARGES TO:

Private Residences 34.8%

General Hospitals 8.7

Nursing Homes 17.4

Deaths 8.7

Other 30.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	195	4,582	23.5
Home Health Aide	30	7,864	262.1
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	301	100,262	333.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	112,708	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.5%
4 to 24 13.6	Medicaid 96.7
25 to 54 57.8	Other Federal 0.0
55 to 64 11.2	State Funds 0.0
65 to 74 6.8	Private Insurance 1.4
75 to 84 4.9	Self Pay 1.4
85 & over 5.8	Other 0.0
	TOTAL PATIENTS 210

Males 49.0% Females 51.0 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.5%	Digestive Disorders 0.0%
Cancer 1.9	Genitourinary Sys. 0.5
Diabetes 3.9	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 1.9
Dementia/Alzheimers 1.9	Osteopathies 0.5
Psychoses/Neuroses 9.7	Perinatal Period 0.0
Central Nervous Sys. 4.9	Ill-Defined Cond. 0.0
Paralysis/CP 17.0	Fractures 1.0
Cardiovascular 2.9	Wounds, Burns 1.9
Stroke 2.4	Compl. of Surgery 0.0
Respiratory 2.4	Other Conditions 46.6

REVENUE

Billings	\$ 2,626,483
Disallowances	45,812
Collections	2,580,671
Other	0
Total	2,580,671

EXPENSES

Total	\$ 2,545,424
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	4.0
Licensed Practical Nurses	0.3
Home Health Aides	6.5
Physical Therapists	0.0
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	51.0
Homemakers	0.0
Other Staff	6.0
TOTAL FTES	71.0

St. Joseph Home Care**COUNTIES SERVED**

101 East Beckert Road, #011
New London WI 54961

Waupaca County

(920) 982-5354

License Number: 300

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 0

Number of unduplicated patients in 2001 = 0

TOTAL NUMBER OF ADMISSIONS 0

PERCENT ADMISSIONS FROM:

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 0

PERCENT DISCHARGES TO:

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	0	0	0.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	0	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 0.0	Medicaid 0.0
25 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 0.0
75 to 84 0.0	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 0

Males 0.0% Females 0.0 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 0.0

REVENUE

Billings \$	0
Disallowances	0
Collections	0
Other	0
Total	0

EXPENSES

Total \$	7,785
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STAFFING**FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.0
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	0.0

REM Health of Wisconsin, Inc.

112 South Main Street
Waupaca WI 54981

Waupaca County

(715) 258-2130

License Number: 24

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 16

Number of unduplicated patients in 2001 = 75

COUNTIES SERVED

Brown
Outagamie
Portage
Shawano
Waupaca
Waushara

TOTAL NUMBER OF ADMISSIONS 51

PERCENT ADMISSIONS FROM:

Private Residences	23.5%
General Hospitals	68.6
Nursing Homes	7.8
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 54

PERCENT DISCHARGES TO:

Private Residences	77.8%
General Hospitals	7.4
Nursing Homes	5.6
Deaths	5.6
Other	3.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	75	505	6.7
Home Health Aide	19	2,591	136.4
Physical Therapy	11	58	5.3
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	3	1,295	431.7
Personal Care/PC RN Supv.	41	3,194	77.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,643	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 5.3%	Medicare 35.0%
4 to 24 5.3	Medicaid 41.3
25 to 54 28.0	Other Federal 0.0
55 to 64 14.7	State Funds 0.0
65 to 74 12.0	Private Insurance 21.3
75 to 84 26.7	Self Pay 2.5
85 & over 8.0	Other 0.0
	TOTAL PATIENTS 80

Males 53.3% Females 46.7 %

PRIMARY DIAGNOSIS

Infectious Disorders 2.7%	Digestive Disorders 6.7%
Cancer 12.0	Genitourinary Sys. 0.0
Diabetes 8.0	Preg. & Childbirth 1.3
Diseases of Blood 1.3	Arthropathies 2.7
Dementia/Alzheimers 6.7	Osteopathies 2.7
Psychoses/Neuroses 1.3	Perinatal Period 0.0
Central Nervous Sys. 4.0	Ill-Defined Cond. 1.3
Paralysis/CP 1.3	Fractures 6.7
Cardiovascular 5.3	Wounds, Burns 4.0
Stroke 9.3	Compl. of Surgery 6.7
Respiratory 6.7	Other Conditions 9.3

REVENUE

Billings \$	894,559
Disallowances	279,766
Collections	614,793
Other	0
Total	614,793

EXPENSES

Total \$	977,394
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STAFFING**FTES**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	2.2
Licensed Practical Nurses	3.0
Home Health Aides	1.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	6.3
Homemakers	0.0
Other Staff	2.8
TOTAL FTES	17.1

Waupaca County DHHS/Health Services Division
 811 Harding Street
 Waupaca WI 54981

Waupaca County

COUNTIES SERVED

Waupaca

(715) 258-6323

License Number: 114
 Ownership of Agency: County
 Title 18 (Medicare) certified? Yes
 Title 19 (Medicaid) certified? Yes
 Affiliated with a hospital? No
 Number of patients visited on 12/6/2001 = 5
 Number of unduplicated patients in 2001 = 79

TOTAL NUMBER OF ADMISSIONS 56

PERCENT ADMISSIONS FROM:

Private Residences	26.8%
General Hospitals	66.1
Nursing Homes	0.0
Other	7.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 73

PERCENT DISCHARGES TO:

Private Residences	57.5%
General Hospitals	12.3
Nursing Homes	15.1
Deaths	9.6
Other	5.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	74	984	13.3
Home Health Aide	35	1,612	46.1
Physical Therapy	17	105	6.2
Spch/Occ/Resp Therapy	2	13	6.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,714	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 52.8%
4 to 24 1.3	Medicaid 5.6
25 to 54 5.1	Other Federal 0.0
55 to 64 8.9	State Funds 0.0
65 to 74 19.0	Private Insurance 1.1
75 to 84 31.6	Self Pay 39.3
85 & over 34.2	Other 1.1
	TOTAL PATIENTS 89

Males 41.8% Females 58.2 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 3.8%
Cancer 10.1	Genitourinary Sys. 0.0
Diabetes 7.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 13.9
Dementia/Alzheimers 1.3	Osteopathies 2.5
Psychoses/Neuroses 2.5	Perinatal Period 0.0
Central Nervous Sys. 6.3	Ill-Defined Cond. 2.5
Paralysis/CP 0.0	Fractures 5.1
Cardiovascular 19.0	Wounds, Burns 2.5
Stroke 6.3	Compl. of Surgery 2.5
Respiratory 1.3	Other Conditions 12.7

REVENUE

Billings \$	210,238
Disallowances	76,090
Collections	134,148
Other	88,138
Total	222,286

EXPENSES

Total \$	222,286
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STAFFING

FTEs

Administrators	0.4
Reg. Nurse Supervisors	0.0
Registered Nurses	1.2
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
TOTAL FTEs	2.8

Preferred Home Health Care, Inc.

1476 Kenwood Drive
Menasha WI 54952

Winnebago County

COUNTIES SERVED

Calumet
Outagamie
Winnebago

(920) 725-1116

License Number: 157

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 48

Number of unduplicated patients in 2001 = 246

TOTAL NUMBER OF ADMISSIONS 91

PERCENT ADMISSIONS FROM:

Private Residences	78.0%
General Hospitals	13.2
Nursing Homes	6.6
Other	2.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 88

PERCENT DISCHARGES TO:

Private Residences	42.0%
General Hospitals	8.0
Nursing Homes	22.7
Deaths	8.0
Other	19.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	96	1,400	14.6
Home Health Aide	97	15,851	163.4
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	5	1,216	243.2
Personal Care/PC RN Supv.	156	11,214	71.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	61	1,886	30.9
TOTAL	XXXXXXX	31,567	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.8%	Medicare 5.6%
4 to 24 6.5	Medicaid 51.1
25 to 54 22.8	Other Federal 0.0
55 to 64 10.6	State Funds 21.1
65 to 74 13.0	Private Insurance 4.1
75 to 84 24.0	Self Pay 18.0
85 & over 20.3	Other 0.0
	TOTAL PATIENTS 266

Males 34.1% Females 65.9 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.8%	Digestive Disorders 0.8%
Cancer 3.7	Genitourinary Sys. 1.2
Diabetes 6.9	Preg. & Childbirth 0.0
Diseases of Blood 0.4	Arthropathies 8.9
Dementia/Alzheimers 6.1	Osteopathies 10.2
Psychoses/Neuroses 1.2	Perinatal Period 0.8
Central Nervous Sys. 10.6	Ill-Defined Cond. 2.0
Paralysis/CP 12.2	Fractures 2.0
Cardiovascular 9.3	Wounds, Burns 3.7
Stroke 9.8	Compl. of Surgery 0.0
Respiratory 2.8	Other Conditions 6.5

REVENUE

Billings	\$ 1,524,551
Disallowances	269,791
Collections	1,254,760
Other	6,029
Total	1,260,789

EXPENSES

Total	\$ 1,270,541
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	3.5
Registered Nurses	3.1
Licensed Practical Nurses	1.5
Home Health Aides	10.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	2.6
Other Staff	2.9
TOTAL FTES	24.9

Thedacare at Home

201 East Bell Street
Neenah WI 54957

Winnebago County

(920) 969-0919

License Number: 88
Ownership of Agency: Nonprofit Corporation
Title 18 (Medicare) certified? Yes
Title 19 (Medicaid) certified? Yes
Affiliated with a hospital? Yes
Number of patients visited on 12/6/2001 = 75
Number of unduplicated patients in 2001 = 1,448

COUNTIES SERVED

Brown
Calumet
Green
Manitowoc
Outagamie
Shawano
Waupaca
Waushara
Winnebago

TOTAL NUMBER OF ADMISSIONS 1,240

PERCENT ADMISSIONS FROM:

Private Residences 23.7%
General Hospitals 72.3
Nursing Homes 3.8
Other 0.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1,261

PERCENT DISCHARGES TO:

Private Residences 83.8%
General Hospitals 1.8
Nursing Homes 6.1
Deaths 2.2
Other 6.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,220	13,070	10.7
Home Health Aide	272	6,777	24.9
Physical Therapy	408	2,686	6.6
Spch/Occ/Resp Therapy	144	541	3.8
Medical Social Service	28	34	1.2
Private Duty Nursing	2	680	340.0
Personal Care/PC RN Supv.	28	1,621	57.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	25,409	XXXXXX

AGE AND SEX OF PATIENTS

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	5.1%	Medicare	62.8%
4 to 24	2.8	Medicaid	4.7
25 to 54	13.1	Other Federal	0.0
55 to 64	10.5	State Funds	0.3
65 to 74	15.4	Private Insurance	29.0
75 to 84	34.9	Self Pay	3.3
85 & over	18.2	Other	0.0
		TOTAL PATIENTS	1,464

Males 42.5% Females 57.5 %

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS		PRIMARY DIAGNOSIS	
Infectious Disorders	1.9%	Digestive Disorders	6.1%
Cancer	11.0	Genitourinary Sys.	3.3
Diabetes	2.6	Preg. & Childbirth	1.3
Diseases of Blood	0.6	Arthropathies	6.8
Dementia/Alzheimers	0.3	Osteopathies	1.0
Psychoses/Neuroses	0.1	Perinatal Period	2.1
Central Nervous Sys.	1.9	Ill-Defined Cond.	4.8
Paralysis/CP	0.8	Fractures	4.8
Cardiovascular	20.2	Wounds, Burns	16.3
Stroke	2.7	Compl. of Surgery	1.0
Respiratory	7.7	Other Conditions	2.5

REVENUE

Billings	\$ 3,038,473
Disallowances	95,793
Collections	2,942,680
Other	55,430
Total	2,998,110

EXPENSES

Total	\$ 2,931,321
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	32.1
Licensed Practical Nurses	2.4
Home Health Aides	8.9
Physical Therapists	3.6
Occupational Therapists	0.8
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	1.5
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	13.0
TOTAL FTES	64.2

Affiliated Home Care, Inc.

424 Washington Avenue
Oshkosh WI 54901

Winnebago County

(920) 236-6567

License Number: 214

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 195

Number of unduplicated patients in 2001 = 403

COUNTIES SERVED

Brown
Calumet
Fond du Lac
Oconto
Outagamie
Shawano
Waupaca
Winnebago

TOTAL NUMBER OF ADMISSIONS 142

PERCENT ADMISSIONS FROM:

Private Residences	64.1%
General Hospitals	15.5
Nursing Homes	7.0
Other	13.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 117

PERCENT DISCHARGES TO:

Private Residences	41.9%
General Hospitals	7.7
Nursing Homes	13.7
Deaths	8.5
Other	28.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	230	3,818	16.6
Home Health Aide	50	8,937	178.7
Physical Therapy	23	426	18.5
Spch/Occ/Resp Therapy	13	338	26.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	537	172,188	320.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	185,707	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.2%	Medicare 10.9%
4 to 24 5.7	Medicaid 85.9
25 to 54 47.6	Other Federal 0.0
55 to 64 12.2	State Funds 0.0
65 to 74 7.9	Private Insurance 3.2
75 to 84 14.4	Self Pay 0.0
85 & over 11.9	Other 0.0
	TOTAL PATIENTS 403

Males 46.2% Females 53.8 %

PRIMARY DIAGNOSIS

Infectious Disorders 1.2%	Digestive Disorders 1.5%
Cancer 2.2	Genitourinary Sys. 0.0
Diabetes 6.9	Preg. & Childbirth 0.0
Diseases of Blood 1.5	Arthropathies 5.7
Dementia/Alzheimers 1.7	Osteopathies 0.5
Psychoses/Neuroses 5.0	Perinatal Period 0.0
Central Nervous Sys. 3.7	Ill-Defined Cond. 6.2
Paralysis/CP 11.2	Fractures 4.2
Cardiovascular 5.2	Wounds, Burns 2.0
Stroke 3.2	Compl. of Surgery 0.2
Respiratory 3.7	Other Conditions 34.0

REVENUE

Billings	\$ 4,469,373
Disallowances	468,751
Collections	4,000,622
Other	12,367
Total	4,012,989

EXPENSES

Total	\$ 3,716,783
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	5.2
Licensed Practical Nurses	3.5
Home Health Aides	0.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTES	12.7

Affinity Visiting Nurses

515 South Washburn, Suite 206
Oshkosh WI 54904

Winnebago County

(920) 236-8500

License Number: 144

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 46

Number of unduplicated patients in 2001 = 1,029

COUNTIES SERVED

Brown
Calumet
Fond du Lac
Outagamie
Shawano
Waupaca
Winnebago

TOTAL NUMBER OF ADMISSIONS 1,018

PERCENT ADMISSIONS FROM:

Private Residences	0.9%
General Hospitals	69.5
Nursing Homes	4.6
Other	25.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1,039

PERCENT DISCHARGES TO:

Private Residences	81.2%
General Hospitals	3.8
Nursing Homes	5.6
Deaths	3.0
Other	6.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	928	9,080	9.8
Home Health Aide	226	4,931	21.8
Physical Therapy	341	2,565	7.5
Spch/Occ/Resp Therapy	188	893	4.8
Medical Social Service	106	131	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	17,600	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.0%	Medicare 75.9%
4 to 24 1.5	Medicaid 4.8
25 to 54 14.4	Other Federal 0.1
55 to 64 8.7	State Funds 0.0
65 to 74 19.4	Private Insurance 18.6
75 to 84 31.9	Self Pay 0.7
85 & over 23.1	Other 0.0
	TOTAL PATIENTS 1,029

Males 41.7% Females 58.3 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.4%	Digestive Disorders 6.1%
Cancer 9.4	Genitourinary Sys. 2.8
Diabetes 4.8	Preg. & Childbirth 0.3
Diseases of Blood 1.1	Arthropathies 9.3
Dementia/Alzheimers 0.5	Osteopathies 1.9
Psychoses/Neuroses 0.3	Perinatal Period 0.2
Central Nervous Sys. 1.7	Ill-Defined Cond. 8.6
Paralysis/CP 0.6	Fractures 7.8
Cardiovascular 19.2	Wounds, Burns 1.8
Stroke 2.4	Compl. of Surgery 4.2
Respiratory 8.2	Other Conditions 8.4

REVENUE

Billings	\$ 1,957,016
Disallowances	122,948
Collections	1,834,068
Other	0
Total	1,834,068

EXPENSES

Total	\$ 2,510,342
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	10.6
Licensed Practical Nurses	2.5
Home Health Aides	4.8
Physical Therapists	1.7
Occupational Therapists	0.8
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	3.1
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.0
TOTAL FTES	31.3

Homemakers Inc. of Oshkosh

2020 West 9th Avenue, Box 2128

Oshkosh WI 54904

Winnebago County

(920) 233-2081

License Number: 17

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 173

Number of unduplicated patients in 2001 = 476

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	114	2,161	19.0
Home Health Aide	97	21,467	221.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	3	1,708	569.3
Medical Social Service	0	0	0.0
Private Duty Nursing	31	4,124	133.0
Personal Care/PC RN Supv.	356	45,153	126.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	74,613	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.3%	Medicare 1.3%
4 to 24 14.3	Medicaid 67.2
25 to 54 27.9	Other Federal 0.0
55 to 64 11.8	State Funds 20.1
65 to 74 13.0	Private Insurance 2.5
75 to 84 20.2	Self Pay 8.9
85 & over 10.5	Other 0.0
	TOTAL PATIENTS 607

Males 40.8%	Females 59.2 %	PRIMARY DIAGNOSIS
		Infectious Disorders 1.1%
		Cancer 1.7
		Diabetes 4.0
		Diseases of Blood 0.4
		Dementia/Alzheimers 4.4
		Psychoses/Neuroses 2.7
		Central Nervous Sys. 12.6
		Paralysis/CP 13.2
		Cardiovascular 9.7
		Stroke 3.8
		Respiratory 5.9
		Digestive Disorders 0.4%
		Genitourinary Sys. 1.7
		Preg. & Childbirth 0.6
		Arthropathies 6.7
		Osteopathies 1.1
		Perinatal Period 1.5
		Ill-Defined Cond. 3.8
		Fractures 1.9
		Wounds, Burns 0.6
		Compl. of Surgery 0.6
		Other Conditions 21.6

COUNTIES SERVED

Brown

Calumet

Dodge

Door

Fond du Lac

Green Lake

Kewaunee

Manitowoc

Oconto

Outagamie

Portage

Sheboygan

Walworth

Washington

Waushara

Winnebago

Wood

TOTAL NUMBER OF ADMISSIONS 235**PERCENT ADMISSIONS FROM:**

Private Residences	60.0%
General Hospitals	25.1
Nursing Homes	6.0
Other	8.9

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 184

PERCENT DISCHARGES TO:

Private Residences	53.3%
General Hospitals	14.1
Nursing Homes	11.4
Deaths	2.7
Other	18.5

STAFFING FTES

Administrators	0.4
Reg. Nurse Supervisors	9.0
Registered Nurses	6.4
Licensed Practical Nurses	9.9
Home Health Aides	22.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	23.8
Homemakers	8.6
Other Staff	11.8
TOTAL FTES	92.5

REVENUE

Billings	\$ 4,600,432
Disallowances	1,220,040
Collections	3,380,392
Other	0
Total	3,380,392

EXPENSES

Total	\$ 3,320,114
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Ministry Home Care Home Health Services-Marshfield

303 West Upham, Suite 208
Marshfield WI 54449

Wood County

(715) 387-9685

License Number: 182

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 71

Number of unduplicated patients in 2001 = 1,232

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,124	13,128	11.7
Home Health Aide	309	5,619	18.2
Physical Therapy	296	1,885	6.4
Spch/Occ/Resp Therapy	208	1,564	7.5
Medical Social Service	103	264	2.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	16	774	48.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	23,234	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.8%	Medicare 68.6%
4 to 24 1.7	Medicaid 5.8
25 to 54 7.5	Other Federal 0.0
55 to 64 8.0	State Funds 0.2
65 to 74 16.6	Private Insurance 20.0
75 to 84 36.5	Self Pay 4.7
85 & over 25.7	Other 0.7
	TOTAL PATIENTS 1,232

Males 40.1%	Females 59.9 %	PRIMARY DIAGNOSIS
		Infectious Disorders 0.6%
		Cancer 7.6
		Diabetes 3.9
		Diseases of Blood 0.9
		Dementia/Alzheimers 1.0
		Psychoses/Neuroses 5.7
		Central Nervous Sys. 1.8
		Paralysis/CP 0.4
		Cardiovascular 21.6
		Stroke 3.1
		Respiratory 5.8
		Digestive Disorders 3.2%
		Genitourinary Sys. 3.1
		Preg. & Childbirth 0.1
		Arthropathies 11.1
		Osteopathies 1.5
		Perinatal Period 0.2
		Ill-Defined Cond. 5.9
		Fractures 4.4
		Wounds, Burns 1.7
		Compl. of Surgery 2.9
		Other Conditions 13.5

COUNTIES SERVED

Adams
Chippewa
Clark
Langlade
Lincoln
Marathon
Portage
Price
Rusk
Shawano
Taylor
Waupaca
Waushara
Wood

TOTAL NUMBER OF ADMISSIONS 1,162

PERCENT ADMISSIONS FROM:

Private Residences	2.5%
General Hospitals	57.1
Nursing Homes	8.3
Other	32.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1,163

PERCENT DISCHARGES TO:

Private Residences	82.2%
General Hospitals	2.8
Nursing Homes	3.8
Deaths	2.1
Other	9.0

STAFFING FTES

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	13.4
Licensed Practical Nurses	0.2
Home Health Aides	7.6
Physical Therapists	2.6
Occupational Therapists	0.6
Speech Pathologists	0.6
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	9.3
TOTAL FTES	38.1

REVENUE

Billings	\$ 2,849,302
Disallowances	542,607
Collections	2,306,695
Other	0
Total	2,306,695

EXPENSES

Total	\$ 3,166,193
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Mercy Home Care-Dubuque

250 Mercy Drive
Dubuque IA 52001

Out of State

COUNTIES SERVED

Grant
LaFayette

(563) 589-8118

License Number: 197

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 3

Number of unduplicated patients in 2001 = 102

TOTAL NUMBER OF ADMISSIONS 122

PERCENT ADMISSIONS FROM:

Private Residences	0.0%
General Hospitals	99.2
Nursing Homes	0.0
Other	0.8

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 122

PERCENT DISCHARGES TO:

Private Residences	86.9%
General Hospitals	0.0
Nursing Homes	1.6
Deaths	4.1
Other	7.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	64	962	15.0
Home Health Aide	9	130	14.4
Physical Therapy	60	538	9.0
Spch/Occ/Resp Therapy	22	123	5.6
Medical Social Service	4	8	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,761	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 82.8%
4 to 24 0.0	Medicaid 1.6
25 to 54 3.9	Other Federal 0.0
55 to 64 11.8	State Funds 0.0
65 to 74 24.5	Private Insurance 15.6
75 to 84 45.1	Self Pay 0.0
85 & over 14.7	Other 0.0
	TOTAL PATIENTS 122

Males 47.1% Females 52.9 %

PRIMARY DIAGNOSIS

Infectious Disorders 2.9%	Digestive Disorders 2.9%
Cancer 5.9	Genitourinary Sys. 0.0
Diabetes 3.9	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 2.0	Osteopathies 0.0
Psychoses/Neuroses 1.0	Perinatal Period 0.0
Central Nervous Sys. 3.9	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 40.2
Cardiovascular 28.4	Wounds, Burns 1.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 6.9	Other Conditions 1.0

REVENUE

Billings \$	153,785
Disallowances	34,976
Collections	118,809
Other	0
Total	118,809

EXPENSES

Total \$	108,155
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STAFFING**FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.1
Registered Nurses	0.8
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.3
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
TOTAL FTES	1.9

Interim Healthcare Lake Superior

4418 Haines Road, Suite 700
Duluth MN 55811

Out of State

COUNTIES SERVED

Douglas

(218) 722-0053

License Number: 284

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 2

Number of unduplicated patients in 2001 = 22

TOTAL NUMBER OF ADMISSIONS 4

PERCENT ADMISSIONS FROM:

Private Residences	0.0%
General Hospitals	25.0
Nursing Homes	0.0
Other	75.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 10

PERCENT DISCHARGES TO:

Private Residences	80.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	20.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	9	308	34.2
Home Health Aide	1	47	47.0
Physical Therapy	1	1	1.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	40	20.0
Personal Care/PC RN Supv.	13	503	38.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	12	206	17.2
TOTAL	XXXXXXX	1,105	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	9.1%
4 to 24	4.5	Medicaid	4.5
25 to 54	13.6	Other Federal	22.7
55 to 64	0.0	State Funds	22.7
65 to 74	18.2	Private Insurance	4.5
75 to 84	50.0	Self Pay	36.4
85 & over	13.6	Other	0.0
		TOTAL PATIENTS	22

Males 40.9% Females 59.1 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	13.6	Genitourinary Sys.	4.5
Diabetes	9.1	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	4.5
Dementia/Alzheimers	0.0	Osteopathies	0.0
Psychoses/Neuroses	9.1	Perinatal Period	0.0
Central Nervous Sys.	4.5	Ill-Defined Cond.	0.0
Paralysis/CP	0.0	Fractures	4.5
Cardiovascular	13.6	Wounds, Burns	0.0
Stroke	4.5	Compl. of Surgery	0.0
Respiratory	9.1	Other Conditions	22.7

REVENUE

Billings	\$	65,414
Disallowances		15,831
Collections		49,583
Other		0
Total		49,583

EXPENSES

Total	\$	48,582
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STAFFING**FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.2
Registered Nurses	0.6
Licensed Practical Nurses	0.0
Home Health Aides	0.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
TOTAL FTES	1.1

St. Luke's Home Health Service

220 North 6th Avenue East
Duluth MN 55805

Out of State

COUNTIES SERVED

Douglas

(218) 279-6111

License Number: 169

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 5

Number of unduplicated patients in 2001 = 52

TOTAL NUMBER OF ADMISSIONS 52

PERCENT ADMISSIONS FROM:

Private Residences	32.7%
General Hospitals	65.4
Nursing Homes	1.9
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 45

PERCENT DISCHARGES TO:

Private Residences	86.7%
General Hospitals	4.4
Nursing Homes	0.0
Deaths	2.2
Other	6.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	43	513	11.9
Home Health Aide	13	154	11.8
Physical Therapy	35	251	7.2
Spch/Occ/Resp Therapy	12	55	4.6
Medical Social Service	4	4	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	977	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	1.9%	Medicare	60.0%
4 to 24	1.9	Medicaid	7.3
25 to 54	30.8	Other Federal	0.0
55 to 64	11.5	State Funds	0.0
65 to 74	30.8	Private Insurance	27.3
75 to 84	19.2	Self Pay	5.5
85 & over	3.8	Other	0.0
		TOTAL PATIENTS	55

Males 44.2% Females 55.8 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.9%	Digestive Disorders	7.7%
Cancer	1.9	Genitourinary Sys.	3.8
Diabetes	0.0	Preg. & Childbirth	0.0
Diseases of Blood	1.9	Arthropathies	34.6
Dementia/Alzheimers	0.0	Osteopathies	3.8
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	1.9	Ill-Defined Cond.	1.9
Paralysis/CP	0.0	Fractures	1.9
Cardiovascular	23.1	Wounds, Burns	1.9
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	7.7	Other Conditions	5.8

REVENUE

Billings	\$	114,672
Disallowances		29,749
Collections		84,923
Other		0
Total		84,923

EXPENSES

Total	\$	104,581
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STAFFING**FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.3
Licensed Practical Nurses	0.0
Home Health Aides	0.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	0.7

St. Mary's/Duluth Clinic Home Health

516 East Fouth Street
Duluth MN 55805

Out of State

COUNTIES SERVED

Douglas

(218) 786-4004

License Number: 175

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 9

Number of unduplicated patients in 2001 = 139

TOTAL NUMBER OF ADMISSIONS 132

PERCENT ADMISSIONS FROM:

Private Residences	9.8%
General Hospitals	88.6
Nursing Homes	1.5
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 137

PERCENT DISCHARGES TO:

Private Residences	92.0%
General Hospitals	5.1
Nursing Homes	0.7
Deaths	0.7
Other	1.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	137	789	5.8
Home Health Aide	19	320	16.8
Physical Therapy	22	223	10.1
Spch/Occ/Resp Therapy	5	17	3.4
Medical Social Service	5	3	0.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,352	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 8.6%	Medicare 33.1%
4 to 24 27.3	Medicaid 28.1
25 to 54 25.2	Other Federal 0.7
55 to 64 10.1	State Funds 1.4
65 to 74 9.4	Private Insurance 25.9
75 to 84 11.5	Self Pay 5.8
85 & over 7.9	Other 5.0
	TOTAL PATIENTS 139

Males 28.1% Females 71.9 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.7%	Digestive Disorders 1.4%
Cancer 9.4	Genitourinary Sys. 2.2
Diabetes 4.3	Preg. & Childbirth 38.8
Diseases of Blood 0.0	Arthropathies 1.4
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.7
Central Nervous Sys. 2.9	Ill-Defined Cond. 3.6
Paralysis/CP 0.0	Fractures 4.3
Cardiovascular 5.0	Wounds, Burns 1.4
Stroke 1.4	Compl. of Surgery 3.6
Respiratory 4.3	Other Conditions 14.4

REVENUE

Billings \$	165,069
Disallowances	60,179
Collections	104,890
Other	0
Total	104,890

EXPENSES

Total \$	197,936
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STAFFING**FTES**

Administrators	0.5
Reg. Nurse Supervisors	2.0
Registered Nurses	8.9
Licensed Practical Nurses	1.1
Home Health Aides	4.4
Physical Therapists	4.1
Occupational Therapists	0.9
Speech Pathologists	0.7
Respiratory Therapists	0.0
Medical Social Workers	0.6
Other Therapeutic Staff	0.7
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.3
TOTAL FTES	29.2

Dickinson Home Health

617 North Stephenson Avenue
Iron Mountain MI 49801

Out of State

(906) 779-7820

COUNTIES SERVED

Florence
Forest
Marinette

License Number: 314

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 4

Number of unduplicated patients in 2001 = 79

TOTAL NUMBER OF ADMISSIONS 79

PERCENT ADMISSIONS FROM:

Private Residences	89.9%
General Hospitals	1.3
Nursing Homes	3.8
Other	5.1

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 83

PERCENT DISCHARGES TO:

Private Residences	90.4%
General Hospitals	0.0
Nursing Homes	4.8
Deaths	4.8
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	64	635	9.9
Home Health Aide	22	161	7.3
Physical Therapy	44	416	9.5
Spch/Occ/Resp Therapy	14	55	3.9
Medical Social Service	11	14	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,281	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	79.7%
4 to 24	1.3	Medicaid	6.3
25 to 54	13.9	Other Federal	0.0
55 to 64	7.6	State Funds	0.0
65 to 74	19.0	Private Insurance	13.9
75 to 84	32.9	Self Pay	0.0
85 & over	25.3	Other	0.0
		TOTAL PATIENTS	79

Males 39.2% Females 60.8 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.3%	Digestive Disorders	6.3%
Cancer	3.8	Genitourinary Sys.	5.1
Diabetes	6.3	Preg. & Childbirth	0.0
Diseases of Blood	1.3	Arthropathies	12.7
Dementia/Alzheimers	0.0	Osteopathies	1.3
Psychoses/Neuroses	1.3	Perinatal Period	0.0
Central Nervous Sys.	2.5	Ill-Defined Cond.	11.4
Paralysis/CP	0.0	Fractures	15.2
Cardiovascular	12.7	Wounds, Burns	6.3
Stroke	2.5	Compl. of Surgery	1.3
Respiratory	5.1	Other Conditions	3.8

REVENUE

Billings	\$	142,705
Disallowances		-42,029
Collections		184,734
Other		0
Total		184,734

EXPENSES

Total	\$	154,626
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STAFFING**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.3
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.1
TOTAL FTES	3.6

Dickinson-Iron District Health

601 Washington Avenue
Iron River MI 49935

Out of State

COUNTIES SERVED

Florence
Marinette

(906) 265-9913

License Number: 53

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 6

Number of unduplicated patients in 2001 = 24

TOTAL NUMBER OF ADMISSIONS 17

PERCENT ADMISSIONS FROM:

Private Residences	35.3%
General Hospitals	29.4
Nursing Homes	35.3
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 16

PERCENT DISCHARGES TO:

Private Residences	43.8%
General Hospitals	25.0
Nursing Homes	6.3
Deaths	6.3
Other	18.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	22	460	20.9
Home Health Aide	14	395	28.2
Physical Therapy	15	138	9.2
Spch/Occ/Resp Therapy	7	59	8.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,052	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	100.0%
4 to 24	0.0	Medicaid	0.0
25 to 54	0.0	Other Federal	0.0
55 to 64	0.0	State Funds	0.0
65 to 74	25.0	Private Insurance	0.0
75 to 84	25.0	Self Pay	0.0
85 & over	50.0	Other	0.0
		TOTAL PATIENTS	24

Males 41.7% Females 58.3 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	8.3	Genitourinary Sys.	4.2
Diabetes	4.2	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	16.7
Dementia/Alzheimers	4.2	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	4.2
Central Nervous Sys.	0.0	Ill-Defined Cond.	4.2
Paralysis/CP	4.2	Fractures	0.0
Cardiovascular	33.3	Wounds, Burns	0.0
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	8.3	Other Conditions	8.3

REVENUE

Billings	\$	114,439
Disallowances		0
Collections		114,439
Other		0
Total		114,439

EXPENSES

Total	\$	88,305
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STAFFING**FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.4
Licensed Practical Nurses	0.0
Home Health Aides	0.4
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	1.1

United Home Care

927 Riverside Plaza
Iron River MI 49935

Out of State

COUNTIES SERVED

Florence
Forest
Vilas

(906) 265-6118

License Number: 1013

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 1

Number of unduplicated patients in 2001 = 19

TOTAL NUMBER OF ADMISSIONS 19

PERCENT ADMISSIONS FROM:

Private Residences	0.0%
General Hospitals	31.6
Nursing Homes	0.0
Other	68.4

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 18

PERCENT DISCHARGES TO:

Private Residences	77.8%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	16.7
Other	5.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	19	259	13.6
Home Health Aide	4	95	23.8
Physical Therapy	8	70	8.8
Spch/Occ/Resp Therapy	2	4	2.0
Medical Social Service	1	1	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	429	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	95.5%
4 to 24	0.0	Medicaid	0.0
25 to 54	0.0	Other Federal	0.0
55 to 64	0.0	State Funds	0.0
65 to 74	15.8	Private Insurance	4.5
75 to 84	47.4	Self Pay	0.0
85 & over	36.8	Other	0.0
		TOTAL PATIENTS	22

Males 42.1% Females 57.9 %

PRIMARY DIAGNOSIS

Infectious Disorders	5.3%	Digestive Disorders	5.3%
Cancer	5.3	Genitourinary Sys.	5.3
Diabetes	5.3	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	0.0
Dementia/Alzheimers	0.0	Osteopathies	0.0
Psychoses/Neuroses	5.3	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	10.5
Paralysis/CP	0.0	Fractures	15.8
Cardiovascular	15.8	Wounds, Burns	0.0
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	21.1	Other Conditions	5.3

REVENUE

Billings	\$	48,898
Disallowances		907
Collections		47,991
Other		0
Total		47,991

EXPENSES

Total	\$	26,734
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STAFFING**FTES**

Administrators	0.2
Reg. Nurse Supervisors	0.0
Registered Nurses	0.3
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
TOTAL FTES	0.8

Caring Home Health

N10567 Grandview Lane
Ironwood MI 49938

Out of State

COUNTIES SERVED

Iron

(906) 932-2440

License Number: 190

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 11

Number of unduplicated patients in 2001 = 93

TOTAL NUMBER OF ADMISSIONS 95

PERCENT ADMISSIONS FROM:

Private Residences	6.3%
General Hospitals	54.7
Nursing Homes	15.8
Other	23.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 90

PERCENT DISCHARGES TO:

Private Residences	75.6%
General Hospitals	8.9
Nursing Homes	8.9
Deaths	2.2
Other	4.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	93	1,447	15.6
Home Health Aide	47	1,129	24.0
Physical Therapy	45	467	10.4
Spch/Occ/Resp Therapy	7	12	1.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	9	1,545	171.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,600	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	88.2%
4 to 24	1.1	Medicaid	3.2
25 to 54	2.2	Other Federal	0.0
55 to 64	9.7	State Funds	0.0
65 to 74	17.2	Private Insurance	8.6
75 to 84	46.2	Self Pay	0.0
85 & over	23.7	Other	0.0
		TOTAL PATIENTS	93

Males 33.3% Females 66.7 %

PRIMARY DIAGNOSIS

Infectious Disorders	1.1%	Digestive Disorders	6.5%
Cancer	3.2	Genitourinary Sys.	2.2
Diabetes	5.4	Preg. & Childbirth	0.0
Diseases of Blood	3.2	Arthropathies	12.9
Dementia/Alzheimers	1.1	Osteopathies	1.1
Psychoses/Neuroses	1.1	Perinatal Period	0.0
Central Nervous Sys.	1.1	Ill-Defined Cond.	2.2
Paralysis/CP	2.2	Fractures	9.7
Cardiovascular	22.6	Wounds, Burns	1.1
Stroke	0.0	Compl. of Surgery	1.1
Respiratory	11.8	Other Conditions	10.8

REVENUE

Billings	\$	337,376
Disallowances		19,032
Collections		318,344
Other		6
Total		318,350

EXPENSES

Total	\$	193,658
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STAFFING**FTEs**

Administrators	0.1
Reg. Nurse Supervisors	0.4
Registered Nurses	1.1
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTEs	2.9

Marquette General Home Health

800 East Boulevard
Kingsford MI 49802

Out of State

COUNTIES SERVED

Florence
Forest
Marinette

(906) 779-1844

License Number: 207

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 4

Number of unduplicated patients in 2001 = 60

TOTAL NUMBER OF ADMISSIONS 46

PERCENT ADMISSIONS FROM:

Private Residences	15.2%
General Hospitals	84.8
Nursing Homes	0.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 53

PERCENT DISCHARGES TO:

Private Residences	60.4%
General Hospitals	5.7
Nursing Homes	13.2
Deaths	9.4
Other	11.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	60	792	13.2
Home Health Aide	14	494	35.3
Physical Therapy	16	220	13.8
Spch/Occ/Resp Therapy	5	15	3.0
Medical Social Service	23	69	3.0
Private Duty Nursing	1	227	227.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,817	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	1.7%	Medicare	75.0%
4 to 24	1.7	Medicaid	3.3
25 to 54	6.7	Other Federal	0.0
55 to 64	18.3	State Funds	0.0
65 to 74	16.7	Private Insurance	21.7
75 to 84	35.0	Self Pay	0.0
85 & over	20.0	Other	0.0
		TOTAL PATIENTS	60

Males 35.0% Females 65.0 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	1.7%
Cancer	21.7	Genitourinary Sys.	6.7
Diabetes	3.3	Preg. & Childbirth	0.0
Diseases of Blood	1.7	Arthropathies	8.3
Dementia/Alzheimers	0.0	Osteopathies	3.3
Psychoses/Neuroses	1.7	Perinatal Period	0.0
Central Nervous Sys.	3.3	Ill-Defined Cond.	10.0
Paralysis/CP	0.0	Fractures	11.7
Cardiovascular	10.0	Wounds, Burns	1.7
Stroke	5.0	Compl. of Surgery	1.7
Respiratory	5.0	Other Conditions	3.3

REVENUE

Billings	\$	213,859
Disallowances		15,419
Collections		198,440
Other		0
Total		198,440

EXPENSES

Total	\$	178,249
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STAFFING**FTES**

Administrators	0.2
Reg. Nurse Supervisors	0.2
Registered Nurses	0.2
Licensed Practical Nurses	0.8
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
TOTAL FTES	2.8

Marquette General Home Health & Hospice

1101 11th Avenue, Suite 4

Menominee MI 49858

Out of State

COUNTIES SERVED

Marinette

Oconto

(906) 863-7877

License Number: 26

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 14

Number of unduplicated patients in 2001 = 125

TOTAL NUMBER OF ADMISSIONS 96**PERCENT ADMISSIONS FROM:**

Private Residences 7.3%

General Hospitals 92.7

Nursing Homes 0.0

Other 0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 117

PERCENT DISCHARGES TO:

Private Residences 81.2%

General Hospitals 0.0

Nursing Homes 7.7

Deaths 8.5

Other 2.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	125	2,782	22.3
Home Health Aide	38	2,116	55.7
Physical Therapy	38	437	11.5
Spch/Occ/Resp Therapy	7	27	3.9
Medical Social Service	35	102	2.9
Private Duty Nursing	1	324	324.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,788	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	80.0%
4 to 24	3.2	Medicaid	3.2
25 to 54	14.4	Other Federal	0.0
55 to 64	6.4	State Funds	0.0
65 to 74	24.8	Private Insurance	16.8
75 to 84	36.0	Self Pay	0.0
85 & over	15.2	Other	0.0
		TOTAL PATIENTS	125

Males 49.6% Females 50.4 %

PRIMARY DIAGNOSIS

Infectious Disorders	3.2%	Digestive Disorders	5.6%
Cancer	7.2	Genitourinary Sys.	8.0
Diabetes	7.2	Preg. & Childbirth	0.8
Diseases of Blood	0.8	Arthropathies	7.2
Dementia/Alzheimers	0.0	Osteopathies	2.4
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	5.6	Ill-Defined Cond.	4.8
Paralysis/CP	0.8	Fractures	6.4
Cardiovascular	14.4	Wounds, Burns	4.8
Stroke	7.2	Compl. of Surgery	4.0
Respiratory	8.8	Other Conditions	0.8

REVENUE

Billings	\$	455,837
Disallowances		32,866
Collections		422,971
Other		0
Total		422,971

EXPENSES

Total	\$	432,367
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STAFFING**FTES**

Administrators	0.3
Reg. Nurse Supervisors	2.0
Registered Nurses	2.1
Licensed Practical Nurses	0.8
Home Health Aides	1.4
Physical Therapists	0.6
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	7.3

Hiawatha Homecare

1610 West 3rd Street
Red Wing MN 55066

Out of State

COUNTIES SERVED

Pierce
St. Croix

(651) 388-2223

License Number: 340

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 4

Number of unduplicated patients in 2001 = 21

TOTAL NUMBER OF ADMISSIONS 12

PERCENT ADMISSIONS FROM:

Private Residences	33.3%
General Hospitals	66.7
Nursing Homes	0.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 13

PERCENT DISCHARGES TO:

Private Residences	92.3%
General Hospitals	7.7
Nursing Homes	0.0
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	19	150	7.9
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	4	.	.
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	.	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	33.3%	Medicare	0.0%
4 to 24	4.8	Medicaid	14.3
25 to 54	42.9	Other Federal	0.0
55 to 64	9.5	State Funds	0.0
65 to 74	9.5	Private Insurance	66.7
75 to 84	0.0	Self Pay	9.5
85 & over	0.0	Other	9.5
		TOTAL PATIENTS	21

Males 57.1% Females 42.9 %

PRIMARY DIAGNOSIS

Infectious Disorders	9.5%	Digestive Disorders	4.8%
Cancer	4.8	Genitourinary Sys.	4.8
Diabetes	4.8	Preg. & Childbirth	0.0
Diseases of Blood	4.8	Arthropathies	0.0
Dementia/Alzheimers	0.0	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	19.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	0.0
Paralysis/CP	0.0	Fractures	0.0
Cardiovascular	4.8	Wounds, Burns	4.8
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	19.0	Other Conditions	19.0

REVENUE

Billings	\$	996,727
Disallowances		286,615
Collections		710,112
Other		0
Total		710,112

EXPENSES

Total	\$	909,565
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STAFFING**FTES**

Administrators	0.4
Reg. Nurse Supervisors	0.4
Registered Nurses	2.7
Licensed Practical Nurses	4.1
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	7.5

Red Wing Regional Home Health

1407 West 4th Street, Box 134

Red Wing MN 55066

Out of State

COUNTIES SERVED

Pepin

Pierce

(651) 385-3410

License Number: 215

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 1

Number of unduplicated patients in 2001 = 41

TOTAL NUMBER OF ADMISSIONS 46**PERCENT ADMISSIONS FROM:**

Private Residences 8.7%

General Hospitals 69.6

Nursing Homes 13.0

Other 8.7

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 39

PERCENT DISCHARGES TO:

Private Residences 92.3%

General Hospitals 2.6

Nursing Homes 0.0

Deaths 0.0

Other 5.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	41	240	5.9
Home Health Aide	14	68	4.9
Physical Therapy	11	72	6.5
Spch/Occ/Resp Therapy	1	1	1.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	2	10	5.0
TOTAL	XXXXXXX	391	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 43.5%
4 to 24 2.4	Medicaid 6.5
25 to 54 24.4	Other Federal 2.2
55 to 64 17.1	State Funds 0.0
65 to 74 26.8	Private Insurance 28.3
75 to 84 19.5	Self Pay 17.4
85 & over 9.8	Other 2.2
	TOTAL PATIENTS 46

Males 36.6% Females 63.4 %

PRIMARY DIAGNOSIS

Infectious Disorders 9.8%	Digestive Disorders 2.4%
Cancer 17.1	Genitourinary Sys. 4.9
Diabetes 4.9	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 14.6
Dementia/Alzheimers 2.4	Osteopathies 2.4
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.4	Ill-Defined Cond. 0.0
Paralysis/CP 2.4	Fractures 2.4
Cardiovascular 4.9	Wounds, Burns 4.9
Stroke 4.9	Compl. of Surgery 4.9
Respiratory 9.8	Other Conditions 4.9

REVENUE

Billings \$	94,290
Disallowances	10,833
Collections	83,457
Other	2,862
Total	86,319

EXPENSES

Total \$	124,925
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STAFFING**FTEs**

Administrators 0.1

Reg. Nurse Supervisors 0.1

Registered Nurses 0.2

Licensed Practical Nurses 0.0

Home Health Aides 0.3

Physical Therapists 0.0

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 0.0

Homemakers 0.0

Other Staff 0.1

TOTAL FTEs 0.6

Interim Healthcare-Rockford

5411 East State Street, Suite 3

Rockford IL 61108

Out of State

COUNTIES SERVED

Rock

(815) 399-8686

License Number: 248

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 2

Number of unduplicated patients in 2001 = 9

TOTAL NUMBER OF ADMISSIONS 7**PERCENT ADMISSIONS FROM:**

Private Residences	14.3%
General Hospitals	85.7
Nursing Homes	0.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 6

PERCENT DISCHARGES TO:

Private Residences	66.7%
General Hospitals	33.3
Nursing Homes	0.0
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	4	22	5.5
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	3	721	240.3
Personal Care/PC RN Supv.	4	183	45.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	926	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 33.3	Medicaid 33.3
25 to 54 22.2	Other Federal 0.0
55 to 64 11.1	State Funds 11.1
65 to 74 22.2	Private Insurance 55.6
75 to 84 11.1	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 9

Males 55.6% Females 44.4 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 11.1%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 11.1	Arthropathies 0.0
Dementia/Alzheimers 11.1	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 11.1	Ill-Defined Cond. 11.1
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 11.1
Respiratory 0.0	Other Conditions 33.3

REVENUE

Billings \$	205,871
Disallowances	33,785
Collections	172,086
Other	0
Total	172,086

EXPENSES

Total \$	489,865
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STAFFING**FTES**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	1.4
Licensed Practical Nurses	1.7
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	4.1

Lakeview Hospital Homecare

5610 Norwich Parkway
Stillwater MN 55082

Out of State

COUNTIES SERVED

Polk
St. Croix

(651) 430-3320

License Number: 260

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 5

Number of unduplicated patients in 2001 = 243

TOTAL NUMBER OF ADMISSIONS 306

PERCENT ADMISSIONS FROM:

Private Residences	3.6%
General Hospitals	57.8
Nursing Homes	7.5
Other	31.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 296

PERCENT DISCHARGES TO:

Private Residences	80.7%
General Hospitals	5.1
Nursing Homes	6.1
Deaths	8.1
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	180	1,813	10.1
Home Health Aide	70	867	12.4
Physical Therapy	50	324	6.5
Spch/Occ/Resp Therapy	6	68	11.3
Medical Social Service	2	4	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,076	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	2.5%	Medicare	69.1%
4 to 24	0.8	Medicaid	0.8
25 to 54	20.2	Other Federal	0.8
55 to 64	4.1	State Funds	0.0
65 to 74	14.8	Private Insurance	25.9
75 to 84	37.0	Self Pay	3.3
85 & over	20.6	Other	0.0
		TOTAL PATIENTS	243

Males 32.1% Females 67.9 %

PRIMARY DIAGNOSIS

Infectious Disorders	11.9%	Digestive Disorders	4.9%
Cancer	6.2	Genitourinary Sys.	1.2
Diabetes	0.0	Preg. & Childbirth	19.8
Diseases of Blood	3.7	Arthropathies	2.1
Dementia/Alzheimers	0.0	Osteopathies	10.3
Psychoses/Neuroses	2.1	Perinatal Period	2.5
Central Nervous Sys.	2.1	Ill-Defined Cond.	3.3
Paralysis/CP	0.0	Fractures	0.0
Cardiovascular	12.3	Wounds, Burns	10.3
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	5.8	Other Conditions	1.6

REVENUE

Billings	\$	521,784
Disallowances		56,815
Collections		464,969
Other		0
Total		464,969

EXPENSES

Total	\$	606,536
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STAFFING**FTEs**

Administrators	0.1
Reg. Nurse Supervisors	0.1
Registered Nurses	2.8
Licensed Practical Nurses	0.0
Home Health Aides	1.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTEs	4.3

St. Elizabeth Home Health Care

1200 West 5th Grant Boulevard
Wabasha MN 55981

Out of State

COUNTIES SERVED

Buffalo

(651) 565-5577

License Number: 356

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 0

Number of unduplicated patients in 2001 = 13

TOTAL NUMBER OF ADMISSIONS 7

PERCENT ADMISSIONS FROM:

Private Residences	42.9%
General Hospitals	28.6
Nursing Homes	0.0
Other	28.6

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 8

PERCENT DISCHARGES TO:

Private Residences	62.5%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	12.5
Other	25.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	13	167	12.8
Home Health Aide	2	106	53.0
Physical Therapy	1	2	2.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	4	410	102.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	685	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	46.2%
4 to 24	0.0	Medicaid	23.1
25 to 54	7.7	Other Federal	0.0
55 to 64	15.4	State Funds	0.0
65 to 74	7.7	Private Insurance	0.0
75 to 84	53.8	Self Pay	23.1
85 & over	15.4	Other	7.7
		TOTAL PATIENTS	13

Males 38.5% Females 61.5 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	7.7	Genitourinary Sys.	0.0
Diabetes	15.4	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	7.7
Dementia/Alzheimers	0.0	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	15.4
Paralysis/CP	7.7	Fractures	0.0
Cardiovascular	7.7	Wounds, Burns	0.0
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	15.4	Other Conditions	23.1

REVENUE

Billings	\$	24,549
Disallowances		660
Collections		23,889
Other		0
Total		23,889

EXPENSES

Total	\$	27,940
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STAFFING**FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.1
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	1.2

Winona Health Home Care

175 East Wabasha Street
Winona MN 55987

Out of State

COUNTIES SERVED

Buffalo
Trempealeau

(507) 457-4468

License Number: 318

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/6/2001 = 4

Number of unduplicated patients in 2001 = 20

TOTAL NUMBER OF ADMISSIONS 19

PERCENT ADMISSIONS FROM:

Private Residences	31.6%
General Hospitals	68.4
Nursing Homes	0.0
Other	0.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 22

PERCENT DISCHARGES TO:

Private Residences	68.2%
General Hospitals	27.3
Nursing Homes	0.0
Deaths	4.5
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	19	161	8.5
Home Health Aide	7	180	25.7
Physical Therapy	11	91	8.3
Spch/Occ/Resp Therapy	2	15	7.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	2	123	61.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	1	34	34.0
TOTAL	XXXXXXX	604	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 45.8%
4 to 24 0.0	Medicaid 12.5
25 to 54 20.0	Other Federal 4.2
55 to 64 15.0	State Funds 0.0
65 to 74 20.0	Private Insurance 33.3
75 to 84 35.0	Self Pay 4.2
85 & over 10.0	Other 0.0
	TOTAL PATIENTS 24

Males 40.0% Females 60.0 %

PRIMARY DIAGNOSIS

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 15.0	Genitourinary Sys. 10.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 25.0
Dementia/Alzheimers 0.0	Osteopathies 5.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 5.0
Paralysis/CP 0.0	Fractures 5.0
Cardiovascular 10.0	Wounds, Burns 0.0
Stroke 5.0	Compl. of Surgery 5.0
Respiratory 5.0	Other Conditions 10.0

REVENUE

Billings \$	46,076
Disallowances	9,933
Collections	36,143
Other	548
Total	36,691

EXPENSES

Total \$	34,211
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STAFFING**FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.1
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
TOTAL FTES	0.4

Caregivers Home Health

1037 Lake Avenue
Woodstock IL 60098

Out of State

(815) 338-8940

COUNTIES SERVED

Kenosha
Racine
Rock
Walworth

License Number: 257

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/6/2001 = 8

Number of unduplicated patients in 2001 = 36

TOTAL NUMBER OF ADMISSIONS 16

PERCENT ADMISSIONS FROM:

Private Residences	43.8%
General Hospitals	31.3
Nursing Homes	0.0
Other	25.0

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 17

PERCENT DISCHARGES TO:

Private Residences	52.9%
General Hospitals	35.3
Nursing Homes	0.0
Deaths	5.9
Other	5.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	8	263	32.9
Home Health Aide	4	378	94.5
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	11	1,084	98.5
Personal Care/PC RN Supv.	30	3,552	118.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,277	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	8.3%	Medicare	0.0%
4 to 24	63.9	Medicaid	83.3
25 to 54	2.8	Other Federal	0.0
55 to 64	0.0	State Funds	11.1
65 to 74	16.7	Private Insurance	2.8
75 to 84	8.3	Self Pay	0.0
85 & over	0.0	Other	2.8
		TOTAL PATIENTS	36

Males 66.7% Females 33.3 %

PRIMARY DIAGNOSIS

Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	0.0	Genitourinary Sys.	0.0
Diabetes	0.0	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	2.8
Dementia/Alzheimers	8.3	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	30.6	Ill-Defined Cond.	0.0
Paralysis/CP	16.7	Fractures	5.6
Cardiovascular	13.9	Wounds, Burns	0.0
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	0.0	Other Conditions	22.2

REVENUE

Billings	\$	687,044
Disallowances		132,312
Collections		554,732
Other		0
Total		554,732

EXPENSES

Total	\$	544,192
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STAFFING**FTES**

Administrators	0.4
Reg. Nurse Supervisors	0.3
Registered Nurses	2.4
Licensed Practical Nurses	2.1
Home Health Aides	4.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	6.8
Homemakers	0.0
Other Staff	0.5
TOTAL FTES	16.6

STATE OF WISCONSIN TOTALS

Number of patients visited on 12/6/2001 = 6,742

Number of unduplicated patients in 2001 = 69,929

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	51,601	732,147	14.2
Home Health Aide	14,183	617,536	43.5
Physical Therapy	22,633	166,853	7.4
Spch/Occ/Resp Therapy	8,868	58,668	6.6
Medical Social Service	5,033	11,082	2.2
Private Duty Nursing	550	59,250	107.7
Personal Care/PC RN Supv.	12,361	1,434,881	116.1
Other Home Health Care	281	5,724	20.4
Homemkr & Other Non HH	1,770	130,168	73.5
TOTAL	XXXXXX	3,274,139	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.0	Medicare 51.7%
4 to 24 3.8	Medicaid 13.4
25 to 54 15.4	Other Federal 0.4
55 to 64 10.1	State Funds 6.0
65 to 74 17.7	Priv. Insurance 23.2
75 to 84 28.3	Self Pay 4.6
85 & over 18.8	Other 0.7
	TOTAL PATIENTS 79,291

Males 40.4 % Females 59.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.0%	Digestive Disorders 3.7%
Cancer 8.3	Genitourinary Sys. 2.7
Diabetes 4.7	Preg. & Childbirth 1.1
Diseases of Blood 1.2	Arthropathies 11.1
Dementia/Alzheimers 1.0	Osteopathies 1.8
Psychoses/Neuroses 1.7	Perinatal Period 4.4
Central Nervous Sys. 3.3	Ill-Defined Cond. 5.5
Paralysis/CP 1.5	Fractures 6.0
Cardiovascular 15.4	Wounds, Burns 3.4
Stroke 3.5	Compl. of Surgery 2.7
Respiratory 6.0	Other Conditions 10.3

REVENUE	
Billings	\$234,406,048
Disallowances	38,442,620
Collections	195,963,428
Other	3,445,625
Total	199,409,053

EXPENSES	
Total	\$211,182,208

TOTAL NUMBER OF ADMISSIONS 63,497

PERCENT ADMISSIONS FROM:

Private Residences	24.7%
General Hospitals	59.7
Nursing Homes	6.9
Other	8.7

TOTAL NUMBER OF DISCHARGES

(INCLUDING DEATHS) 62,839

PERCENT DISCHARGES TO:

Private Residences	76.6
General Hospitals	8.2
Nursing Homes	4.6
Deaths	2.9
Other	7.6

STAFFING FTEs

Administrators	123.2
Reg. Nurse Supervisors	204.7
Registered Nurses	1010.2
Licensed Practical Nurses	201.6
Home Health Aides	873.3
Physical Therapists	134.7
Occupational Therapists	33.1
Speech Pathologists	10.6
Respiratory Therapists	20.7
Medical Social Workers	47.7
Other Therapeutic Staff	20.2
Personal Care Workers	950.2
Homemakers	129.4
Other Staff	824.6
TOTAL FTEs	4584.0

Indices of Home Health Agency Profiles

INDEX BY COUNTY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
1	139	Adams County Memorial Hospital Association	Adams	Adams
2	251	Bay Area Home Health Services	Ashland	Ashland
3	151	Lakeview Medical Center	Rice Lake	Barron
4	11	Bayfield County Health Department	Washburn	Bayfield
5	14	Bellin Home Health Agency	Green Bay	Brown
6	218	Heartland Home Health Care	Green Bay	Brown
7	154	Home Care Advantage, Inc.	Green Bay	Brown
8	266	Interim Healthcare of Northeastern Wisconsin, Inc.	Green Bay	Brown
9	35	St. Vincent Hospital Home Health Care	Green Bay	Brown
10	1008	Visiting Nurse Association of Wisconsin, Inc.	Green Bay	Brown
11	311	Woodside Home Health Agency	Green Bay	Brown
12	41	Burnett County DHHS	Siren	Burnett
13	42	Calumet County Health Department/HHC Agency	Chilton	Calumet
14	174	Calumet Medical Center Health Care Services	Chilton	Calumet
15	43	Chippewa County Department of Public Health	Chippewa Falls	Chippewa
16	158	St. Joseph's Hospital Home Health Agency	Chippewa Falls	Chippewa
17	44	Clark County Home Care Agency	Neillsville	Clark
18	146	Memorial Hospital, Inc.	Neillsville	Clark
19	328	Divine Savior Home Care	Portage	Columbia
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24	206	Interim Healthcare of Madison	Madison	Dane
25	222	Meriter Home Care Agency	Madison	Dane
26	252	University Hospital Home Health Agency	Middleton	Dane
27	341	Stoughton Hospital Home Health United	Stoughton	Dane
28	188	Hillside Home Health	Beaver Dam	Dodge
29	134	Marquardt Memorial Manor, Inc.	Watertown	Dodge
30	165	Watertown Memorial Hospital-Home Health Program	Watertown	Dodge
31	187	Door County Memorial Home Health	Sturgeon Bay	Door
32	50	Douglas County Health Department-HHC	Superior	Douglas
33	172	The Dove, Inc.	Superior	Douglas
34	310	Aurora Community Health, Inc.	Menomonie	Dunn
35	51	Dunn County Home Health Center	Menomonie	Dunn
36	211	Gentiva Health Services	Menomonie	Dunn
37	286	Gentiva Health Services	Menomonie	Dunn
38	335	Lifenet, LLC	Eau Claire	Eau Claire
39	1010	Mission Home Health-Lutheran Social Services	Eau Claire	Eau Claire
40	127	Northwest Wisconsin Homecare, Inc.	Eau Claire	Eau Claire

INDEX BY COUNTY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
41	54	Fond du Lac County Home Health Service	Fond du Lac	Fond du Lac
42	55	St. Agnes Hospital-Home Care Services	Fond du Lac	Fond du Lac
43	270	Country Care Connection	Crandon	Forest
44	56	Forest County Health Department	Crandon	Forest
45	57	Grant County Home Nursing Service	Lancaster	Grant
46	330	Homeward Bound Home Health	Lancaster	Grant
47	142	The Monroe Clinic Home Care	Monroe	Green
48	235	CHN Home Care	Berlin	Green Lake
49	60	Upland Hills Home Care	Dodgeville	Iowa
50	219	Pine View Home Health	Black River Falls	Jackson
51	137	Fort Atkinson Memorial Hlth Services Home Health Agency	Fort Atkinson	Jefferson
52	63	Jefferson County Health Department	Jefferson	Jefferson
53	135	KJM Home Health Care Agency	Watertown	Jefferson
54	216	Hess Home Health	Mauston	Juneau
55	130	Alliance Home Care	Kenosha	Kenosha
56	65	Kenosha Visiting Nurse Association, Inc.	Kenosha	Kenosha
57	141	Franciscan Skemp Medical Center HHS	La Crosse	La Crosse
58	67	Gundersen Lutheran Visiting Nurses, Inc.	La Crosse	La Crosse
59	66	La Crosse County Health Department	La Crosse	La Crosse
60	68	Lafayette County Nursing Agency	Darlington	Lafayette
61	69	Langlade County Health Department	Antigo	Langlade
62	143	Holy Family Memorial Home Care	Manitowoc	Manitowoc
63	1	Homecare Health Services, Inc.	Manitowoc	Manitowoc
64	277	Interim Healthcare	Wausau	Marathon
65	73	VNA Home Health, Inc.	Wausau	Marathon
66	1005	Caregivers Home Health	Marinette	Marinette
67	256	Northland Lutheran Home Health Service, Inc.	Marinette	Marinette
68	241	Northland Home Health Agency	Westfield	Marquette
69	150	Horizon Home Care & Hospice	Brown Deer	Milwaukee
70	306	ANS Home Health Services, Inc.	Milwaukee	Milwaukee
71	326	Affiliated Home Health Care, Inc.	Milwaukee	Milwaukee
72	123	Barry Healthcare Services, Inc.	Milwaukee	Milwaukee
73	179	Covenant Home Health & Hospice, Inc.	Milwaukee	Milwaukee
74	147	Laabs Home Health Care, Inc.	Milwaukee	Milwaukee
75	23	Metro Home Health Services, Inc.	Milwaukee	Milwaukee
76	309	Midamerica Healthcare Corporation of Wisconsin	Milwaukee	Milwaukee
77	278	Preferred Home Health Services, LLC	Milwaukee	Milwaukee
78	167	St. John's Home Health Service	Milwaukee	Milwaukee
79	81	Visiting Nurse Association of Wisconsin	Milwaukee	Milwaukee
80	312	"Your Nurse" Home Health Care	Milwaukee	Milwaukee

INDEX BY COUNTY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
81	225	Nursing Counsultant & Care Management	Shorewood	Milwaukee
82	122	Anew Home Health Care	Wauwatosa	Milwaukee
83	148	Camillus Cares Home Health	Wauwatosa	Milwaukee
84	237	Gentiva Health Services	West Allis	Milwaukee
85	287	Gentiva Health Services	West Allis	Milwaukee
86	279	Professional Home Care Services	West Allis	Milwaukee
87	83	Monroe County Health Department	Sparta	Monroe
88	253	Ministry Home Care, Inc.	Rhineland	Oneida
89	86	Dr. Kate Home Health	Woodruff	Oneida
90	89	Ozaukee County Public Health Department	Port Washington	Ozaukee
91	90	Pepin County Nursing Service	Durand	Pepin
92	91	Pierce County Home Care	Ellsworth	Pierce
93	349	Spring Valley Home Health Services	Spring Valley	Pierce
94	92	Polk County Home Care Program	Balsam Lake	Polk
95	27	Community Health Resources	Park Falls	Price
96	202	Supportive Home Services	Park Falls	Price
97	238	Flambeau Home Health & Hospice	Phillips	Price
98	3	Gentiva Health Services	Racine	Racine
99	305	SAI Home Health Care, Inc.	Racine	Racine
100	98	At-Home Healthcare	Beloit	Rock
101	159	Memorial Community Hospital Home Health Agency	Edgerton	Rock
102	99	Mercy Assisted Care, Inc.	Janesville	Rock
103	295	Indianhead Home Health Care Agency	Ladysmith	Rusk
104	100	Rusk County Home Health Care	Ladysmith	Rusk
105	128	Heartland Home Health	Hammond	St. Croix
106	36	REM Health of Wisconsin, Inc.	Baraboo	Sauk
107	102	Sauk County Health Department	Baraboo	Sauk
108	103	Sawyer County Health & Human Services	Hayward	Sawyer
109	104	Shawano Community Home Care	Shawano	Shawano
110	124	St. Nicholas Hospital Home Health & Hospice	Sheboygan	Sheboygan
111	106	Taylor County Health Department	Medford	Taylor
112	107	Trempealeau County Health Department	Whitehall	Trempealeau
113	271	Vernon Memorial Hospital HHC Agency	Viroqua	Vernon
114	125	Home Care Network, Inc.	Lake Geneva	Walworth
115	304	Hearts of Gold, Inc.	Shell Lake	Washburn
116	324	Indianhead Medical Center, Inc.	Shell Lake	Washburn
117	208	Spooner Health System Home Care	Spooner	Washburn
118	111	Washburn County Health Department	Spooner	Washburn
119	280	Heartland Home Health Care & Hospice	Brookfield	Waukesha
120	1009	Universal Pediatric Services, Inc.	Brookfield	Waukesha

INDEX BY COUNTY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
121	170	Prohealth Home Care	Hartland	Waukesha
122	240	Hannah Home Health Care, Inc.	Mukwonago	Waukesha
123	247	Coram Alternate Site Services, Inc.	New Berlin	Waukesha
124	220	Lutheran Social Service Home Care	Waukesha	Waukesha
125	300	St. Joseph Home Care	New London	Waupaca
126	24	REM Health of Wisconsin, Inc.	Waupaca	Waupaca
127	114	Waupaca County DHHS/Health Services Division	Waupaca	Waupaca
128	157	Preferred Home Health Care, Inc.	Menasha	Winnebago
129	88	Thedacare at Home	Neenah	Winnebago
130	214	Affiliated Home Care, Inc.	Oshkosh	Winnebago
131	144	Affinity Visiting Nurses	Oshkosh	Winnebago
132	17	Homemakers Inc. of Oshkosh	Oshkosh	Winnebago
133	182	Ministry Home Care Home Health Services-Marshfield	Marshfield	Wood
134	197	Mercy Home Care-Dubuque	Dubuque	Out of State
135	284	Interim Healthcare Lake Superior	Duluth	Out of State
136	169	St. Luke's Home Health Service	Duluth	Out of State
137	175	St. Mary's/Duluth Clinic Home Health	Duluth	Out of State
138	314	Dickinson Home Health	Iron Mountain	Out of State
139	53	Dickinson-Iron District Health	Iron River	Out of State
140	1013	United Home Care	Iron River	Out of State
141	190	Caring Home Health	Ironwood	Out of State
142	207	Marquette General Home Health	Kingsford	Out of State
143	26	Marquette General Home Health & Hospice	Menominee	Out of State
144	340	Hiawatha Homecare	Red Wing	Out of State
145	215	Red Wing Regional Home Health	Red Wing	Out of State
146	248	Interim Healthcare-Rockford	Rockford	Out of State
147	260	Lakeview Hospital Homecare	Stillwater	Out of State
148	356	St. Elizabeth Home Health Care	Wabasha	Out of State
149	318	Winona Health Home Care	Winona	Out of State
150	257	Caregivers Home Health	Woodstock	Out of State

INDEX BY CITY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
1	139	Adams County Memorial Hospital Association	Adams	Adams
61	69	Langlade County Health Department	Antigo	Langlade
2	251	Bay Area Home Health Services	Ashland	Ashland
94	92	Polk County Home Care Program	Balsam Lake	Polk
106	36	REM Health of Wisconsin, Inc.	Baraboo	Sauk
107	102	Sauk County Health Department	Baraboo	Sauk
28	188	Hillside Home Health	Beaver Dam	Dodge
100	98	At-Home Healthcare	Beloit	Rock
48	235	CHN Home Care	Berlin	Green Lake
50	219	Pine View Home Health	Black River Falls	Jackson
119	280	Heartland Home Health Care & Hospice	Brookfield	Waukesha
120	1009	Universal Pediatric Services, Inc.	Brookfield	Waukesha
69	150	Horizon Home Care & Hospice	Brown Deer	Milwaukee
13	42	Calumet County Health Department/HHC Agency	Chilton	Calumet
14	174	Calumet Medical Center Health Care Services	Chilton	Calumet
15	43	Chippewa County Department of Public Health	Chippewa Falls	Chippewa
16	158	St. Joseph's Hospital Home Health Agency	Chippewa Falls	Chippewa
43	270	Country Care Connection	Crandon	Forest
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134	197	Mercy Home Care-Dubuque	Dubuque	Out of State
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136	169	St. Luke's Home Health Service	Duluth	Out of State
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91	90	Pepin County Nursing Service	Durand	Pepin
38	335	Lifenet, LLC	Eau Claire	Eau Claire
39	1010	Mission Home Health-Lutheran Social Services	Eau Claire	Eau Claire
40	127	Northwest Wisconsin Homecare, Inc.	Eau Claire	Eau Claire
101	159	Memorial Community Hospital Home Health Agency	Edgerton	Rock
92	91	Pierce County Home Care	Ellsworth	Pierce
41	54	Fond du Lac County Home Health Service	Fond du Lac	Fond du Lac
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6	218	Heartland Home Health Care	Green Bay	Brown
7	154	Home Care Advantage, Inc.	Green Bay	Brown
8	266	Interim Healthcare of Northeastern Wisconsin, Inc.	Green Bay	Brown
9	35	St. Vincent Hospital Home Health Care	Green Bay	Brown
10	1008	Visiting Nurse Association of Wisconsin, Inc.	Green Bay	Brown

INDEX BY CITY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
11	311	Woodside Home Health Agency	Green Bay	Brown
105	128	Heartland Home Health	Hammond	St. Croix
121	170	Prohealth Home Care	Hartland	Waukesha
108	103	Sawyer County Health & Human Services	Hayward	Sawyer
138	314	Dickinson Home Health	Iron Mountain	Out of State
139	53	Dickinson-Iron District Health	Iron River	Out of State
140	1013	United Home Care	Iron River	Out of State
141	190	Caring Home Health	Ironwood	Out of State
102	99	Mercy Assisted Care, Inc.	Janesville	Rock
52	63	Jefferson County Health Department	Jefferson	Jefferson
55	130	Alliance Home Care	Kenosha	Kenosha
56	65	Kenosha Visiting Nurse Association, Inc.	Kenosha	Kenosha
142	207	Marquette General Home Health	Kingsford	Out of State
57	141	Franciscan Skemp Medical Center HHS	La Crosse	La Crosse
58	67	Gundersen Lutheran Visiting Nurses, Inc.	La Crosse	La Crosse
59	66	La Crosse County Health Department	La Crosse	La Crosse
103	295	Indianhead Home Health Care Agency	Ladysmith	Rusk
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114	125	Home Care Network, Inc.	Lake Geneva	Walworth
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63	1	Homecare Health Services, Inc.	Manitowoc	Manitowoc
66	1005	Caregivers Home Health	Manitowoc	Manitowoc
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133	182	Ministry Home Care Home Health Services-Marshfield	Marshfield	Wood
54	216	Hess Home Health	Mauston	Juneau
111	106	Taylor County Health Department	Medford	Taylor
128	157	Preferred Home Health Care, Inc.	Menasha	Winnebago
143	26	Marquette General Home Health & Hospice	Menominee	Out of State
34	310	Aurora Community Health, Inc.	Menomonie	Dunn
35	51	Dunn County Home Health Center	Menomonie	Dunn
36	211	Gentiva Health Services	Menomonie	Dunn
37	286	Gentiva Health Services	Menomonie	Dunn
26	252	University Hospital Home Health Agency	Middleton	Dane

INDEX BY CITY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
70	306	ANS Home Health Services, Inc.	Milwaukee	Milwaukee
71	326	Affiliated Home Health Care, Inc.	Milwaukee	Milwaukee
72	123	Barry Healthcare Services, Inc.	Milwaukee	Milwaukee
73	179	Covenant Home Health & Hospice, Inc.	Milwaukee	Milwaukee
74	147	Laabs Home Health Care, Inc.	Milwaukee	Milwaukee
75	23	Metro Home Health Services, Inc.	Milwaukee	Milwaukee
76	309	Midamerica Healthcare Corporation of Wisconsin	Milwaukee	Milwaukee
77	278	Preferred Home Health Services, LLC	Milwaukee	Milwaukee
78	167	St. John's Home Health Service	Milwaukee	Milwaukee
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80	312	"Your Nurse" Home Health Care	Milwaukee	Milwaukee
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131	144	Affinity Visiting Nurses	Oshkosh	Winnebago
132	17	Homemakers Inc. of Oshkosh	Oshkosh	Winnebago
95	27	Community Health Resources	Park Falls	Price
96	202	Supportive Home Services	Park Falls	Price
97	238	Flambeau Home Health & Hospice	Phillips	Price
90	89	Ozaukee County Public Health Department	Port Washington	Ozaukee
19	328	Divine Savior Home Care	Portage	Columbia
20	46	Prairie du Chien Memorial Hospital Home Health	Prairie du Chien	Crawford
98	3	Gentiva Health Services	Racine	Racine
99	305	SAI Home Health Care, Inc.	Racine	Racine
144	340	Hiawatha Homecare	Red Wing	Out of State
145	215	Red Wing Regional Home Health	Red Wing	Out of State
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115	304	Hearts of Gold, Inc.	Shell Lake	Washburn
116	324	Indianhead Medical Center, Inc.	Shell Lake	Washburn
81	225	Nursing Consultants & Care Management	Shorewood	Milwaukee
12	41	Burnett County DHHS	Siren	Burnett

INDEX BY CITY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
87	83	Monroe County Health Department	Sparta	Monroe
117	208	Spooner Health System Home Care	Spooner	Washburn
118	111	Washburn County Health Department	Spooner	Washburn
93	349	Spring Valley Home Health Services	Spring Valley	Pierce
147	260	Lakeview Hospital Homecare	Stillwater	Out of State
27	341	Stoughton Hospital Home Health United	Stoughton	Dane
31	187	Door County Memorial Home Health	Sturgeon Bay	Door
32	50	Douglas County Health Department-HHC	Superior	Douglas
33	172	The Dove, Inc.	Superior	Douglas
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148	356	St. Elizabeth Home Health Care	Wabasha	Out of State
4	11	Bayfield County Health Department	Washburn	Bayfield
53	135	KJM Home Health Care Agency	Watertown	Jefferson
29	134	Marquardt Memorial Manor, Inc.	Watertown	Dodge
30	165	Watertown Memorial Hospital-Home Health Program	Watertown	Dodge
124	220	Lutheran Social Service Home Care	Waukesha	Waukesha
126	24	REM Health of Wisconsin, Inc.	Waupaca	Waupaca
127	114	Waupaca County DHHS/Health Services Division	Waupaca	Waupaca
64	277	Interim Healthcare	Wausau	Marathon
65	73	VNA Home Health, Inc.	Wausau	Marathon
82	122	Anew Home Health Care	Wauwatosa	Milwaukee
83	148	Camillus Cares Home Health	Wauwatosa	Milwaukee
84	237	Gentiva Health Services	West Allis	Milwaukee
85	287	Gentiva Health Services	West Allis	Milwaukee
86	279	Professional Home Care Services	West Allis	Milwaukee
68	241	Northland Home Health Agency	Westfield	Marquette
112	107	Trempealeau County Health Department	Whitehall	Trempealeau
149	318	Winona Health Home Care	Winona	Out of State
89	86	Dr. Kate Home Health	Woodruff	Oneida
150	257	Caregivers Home Health	Woodstock	Out of State

INDEX BY NAME

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
70	306	ANS Home Health Services, Inc.	Milwaukee	Milwaukee
1	139	Adams County Memorial Hospital Association	Adams	Adams
130	214	Affiliated Home Care, Inc.	Oshkosh	Winnebago
71	326	Affiliated Home Health Care, Inc.	Milwaukee	Milwaukee
131	144	Affinity Visiting Nurses	Oshkosh	Winnebago
55	130	Alliance Home Care	Kenosha	Kenosha
82	122	Anew Home Health Care	Wauwatosa	Milwaukee
100	98	At-Home Healthcare	Beloit	Rock
34	310	Aurora Community Health, Inc.	Menomonie	Dunn
72	123	Barry Healthcare Services, Inc.	Milwaukee	Milwaukee
2	251	Bay Area Home Health Services	Ashland	Ashland
4	11	Bayfield County Health Department	Washburn	Bayfield
5	14	Bellin Home Health Agency	Green Bay	Brown
12	41	Burnett County DHHS	Siren	Burnett
48	235	CHN Home Care	Berlin	Green Lake
13	42	Calumet County Health Department/HHC Agency	Chilton	Calumet
14	174	Calumet Medical Center Health Care Services	Chilton	Calumet
83	148	Camillus Cares Home Health	Wauwatosa	Milwaukee
66	1005	Caregivers Home Health	Marinette	Marinette
150	257	Caregivers Home Health	Woodstock	Out of State
141	190	Caring Home Health	Ironwood	Out of State
21	316	Catalyst, Inc.	Madison	Dane
15	43	Chippewa County Department of Public Health	Chippewa Falls	Chippewa
17	44	Clark County Home Care Agency	Neillsville	Clark
95	27	Community Health Resources	Park Falls	Price
123	247	Coram Alternate Site Services, Inc.	New Berlin	Waukesha
43	270	Country Care Connection	Crandon	Forest
73	179	Covenant Home Health & Hospice, Inc.	Milwaukee	Milwaukee
138	314	Dickinson Home Health	Iron Mountain	Out of State
139	53	Dickinson-Iron District Health	Iron River	Out of State
19	328	Divine Savior Home Care	Portage	Columbia
31	187	Door County Memorial Home Health	Sturgeon Bay	Door
32	50	Douglas County Health Department-HHC	Superior	Douglas
89	86	Dr. Kate Home Health	Woodruff	Oneida
35	51	Dunn County Home Health Center	Menomonie	Dunn
97	238	Flambeau Home Health & Hospice	Phillips	Price
41	54	Fond du Lac County Home Health Service	Fond du Lac	Fond du Lac
44	56	Forest County Health Department	Crandon	Forest
51	137	Fort Atkinson Memorial Hlth Services Home Health Agency	Fort Atkinson	Jefferson
57	141	Franciscan Skemp Medical Center HHS	La Crosse	La Crosse

INDEX BY NAME

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
36	211	Gentiva Health Services	Menomonie	Dunn
37	286	Gentiva Health Services	Menomonie	Dunn
98	3	Gentiva Health Services	Racine	Racine
84	237	Gentiva Health Services	West Allis	Milwaukee
85	287	Gentiva Health Services	West Allis	Milwaukee
45	57	Grant County Home Nursing Service	Lancaster	Grant
58	67	Gundersen Lutheran Visiting Nurses, Inc.	La Crosse	La Crosse
122	240	Hannah Home Health Care, Inc.	Mukwonago	Waukesha
105	128	Heartland Home Health	Hammond	St. Croix
6	218	Heartland Home Health Care	Green Bay	Brown
119	280	Heartland Home Health Care & Hospice	Brookfield	Waukesha
115	304	Hearts of Gold, Inc.	Shell Lake	Washburn
54	216	Hess Home Health	Mauston	Juneau
144	340	Hiawatha Homecare	Red Wing	Out of State
28	188	Hillside Home Health	Beaver Dam	Dodge
62	143	Holy Family Memorial Home Care	Manitowoc	Manitowoc
7	154	Home Care Advantage, Inc.	Green Bay	Brown
114	125	Home Care Network, Inc.	Lake Geneva	Walworth
22	176	Home Health United-VNS	Madison	Dane
63	1	Homecare Health Services, Inc.	Manitowoc	Manitowoc
132	17	Homemakers Inc. of Oshkosh	Oshkosh	Winnebago
46	330	Homeward Bound Home Health	Lancaster	Grant
69	150	Horizon Home Care & Hospice	Brown Deer	Milwaukee
23	294	Independent Health Care, Inc.	Madison	Dane
103	295	Indianhead Home Health Care Agency	Ladysmith	Rusk
116	324	Indianhead Medical Center, Inc.	Shell Lake	Washburn
64	277	Interim Healthcare	Wausau	Marathon
135	284	Interim Healthcare Lake Superior	Duluth	Out of State
24	206	Interim Healthcare of Madison	Madison	Dane
8	266	Interim Healthcare of Northeastern Wisconsin, Inc.	Green Bay	Brown
146	248	Interim Healthcare-Rockford	Rockford	Out of State
52	63	Jefferson County Health Department	Jefferson	Jefferson
53	135	KJM Home Health Care Agency	Watertown	Jefferson
56	65	Kenosha Visiting Nurse Association, Inc.	Kenosha	Kenosha
59	66	La Crosse County Health Department	La Crosse	La Crosse
74	147	Laabs Home Health Care, Inc.	Milwaukee	Milwaukee
60	68	Lafayette County Nursing Agency	Darlington	Lafayette
147	260	Lakeview Hospital Homecare	Stillwater	Out of State
3	151	Lakeview Medical Center	Rice Lake	Barron
61	69	Langlade County Health Department	Antigo	Langlade

INDEX BY NAME

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
38	335	Lifenet, LLC	Eau Claire	Eau Claire
124	220	Lutheran Social Service Home Care	Waukesha	Waukesha
29	134	Marquardt Memorial Manor, Inc.	Watertown	Dodge
142	207	Marquette General Home Health	Kingsford	Out of State
143	26	Marquette General Home Health & Hospice	Menominee	Out of State
101	159	Memorial Community Hospital Home Health Agency	Edgerton	Rock
18	146	Memorial Hospital, Inc.	Neillsville	Clark
102	99	Mercy Assisted Care, Inc.	Janesville	Rock
134	197	Mercy Home Care-Dubuque	Dubuque	Out of State
25	222	Meriter Home Care Agency	Madison	Dane
75	23	Metro Home Health Services, Inc.	Milwaukee	Milwaukee
76	309	Midamerica Healthcare Corporation of Wisconsin	Milwaukee	Milwaukee
133	182	Ministry Home Care Home Health Services-Marshfield	Marshfield	Wood
88	253	Ministry Home Care, Inc.	Rhineland	Oneida
39	1010	Mission Home Health-Lutheran Social Services	Eau Claire	Eau Claire
87	83	Monroe County Health Department	Sparta	Monroe
68	241	Northland Home Health Agency	Westfield	Marquette
67	256	Northland Lutheran Home Health Service, Inc.	Marinette	Marinette
40	127	Northwest Wisconsin Homecare, Inc.	Eau Claire	Eau Claire
81	225	Nursing Consultant & Care Management	Shorewood	Milwaukee
90	89	Ozaukee County Public Health Department	Port Washington	Ozaukee
91	90	Pepin County Nursing Service	Durand	Pepin
92	91	Pierce County Home Care	Ellsworth	Pierce
50	219	Pine View Home Health	Black River Falls	Jackson
94	92	Polk County Home Care Program	Balsam Lake	Polk
20	46	Prairie du Chien Memorial Hospital Home Health	Prairie du Chien	Crawford
128	157	Preferred Home Health Care, Inc.	Menasha	Winnebago
77	278	Preferred Home Health Services, LLC	Milwaukee	Milwaukee
86	279	Professional Home Care Services	West Allis	Milwaukee
121	170	Prohealth Home Care	Hartland	Waukesha
106	36	REM Health of Wisconsin, Inc.	Baraboo	Sauk
126	24	REM Health of Wisconsin, Inc.	Waupaca	Waupaca
145	215	Red Wing Regional Home Health	Red Wing	Out of State
104	100	Rusk County Home Health Care	Ladysmith	Rusk
99	305	SAI Home Health Care, Inc.	Racine	Racine
107	102	Sauk County Health Department	Baraboo	Sauk
108	103	Sawyer County Health & Human Services	Hayward	Sawyer
109	104	Shawano Community Home Care	Shawano	Shawano
117	208	Spooner Health System Home Care	Spooner	Washburn
93	349	Spring Valley Home Health Services	Spring Valley	Pierce

INDEX BY NAME

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
42	55	St. Agnes Hospital-Home Care Services	Fond du Lac	Fond du Lac
148	356	St. Elizabeth Home Health Care	Wabasha	Out of State
78	167	St. John's Home Health Service	Milwaukee	Milwaukee
125	300	St. Joseph Home Care	New London	Waupaca
16	158	St. Joseph's Hospital Home Health Agency	Chippewa Falls	Chippewa
136	169	St. Luke's Home Health Service	Duluth	Out of State
137	175	St. Mary's/Duluth Clinic Home Health	Duluth	Out of State
110	124	St. Nicholas Hospital Home Health & Hospice	Sheboygan	Sheboygan
9	35	St. Vincent Hospital Home Health Care	Green Bay	Brown
27	341	Stoughton Hospital Home Health United	Stoughton	Dane
96	202	Supportive Home Services	Park Falls	Price
111	106	Taylor County Health Department	Medford	Taylor
33	172	The Dove, Inc.	Superior	Douglas
47	142	The Monroe Clinic Home Care	Monroe	Green
129	88	Thedacare at Home	Neenah	Winnebago
112	107	Trempealeau County Health Department	Whitehall	Trempealeau
140	1013	United Home Care	Iron River	Out of State
120	1009	Universal Pediatric Services, Inc.	Brookfield	Waukesha
26	252	University Hospital Home Health Agency	Middleton	Dane
49	60	Upland Hills Home Care	Dodgeville	Iowa
65	73	VNA Home Health, Inc.	Wausau	Marathon
113	271	Vernon Memorial Hospital HHC Agency	Viroqua	Vernon
79	81	Visiting Nurse Association of Wisconsin	Milwaukee	Milwaukee
10	1008	Visiting Nurse Association of Wisconsin, Inc.	Green Bay	Brown
118	111	Washburn County Health Department	Spooner	Washburn
30	165	Watertown Memorial Hospital-Home Health Program	Watertown	Dodge
127	114	Waupaca County DHHS/Health Services Division	Waupaca	Waupaca
149	318	Winona Health Home Care	Winona	Out of State
11	311	Woodside Home Health Agency	Green Bay	Brown
80	312	"Your Nurse" Home Health Care	Milwaukee	Milwaukee

INDEX BY LICENSE NUMBER

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
63	1	Homecare Health Services, Inc.	Manitowoc	Manitowoc
98	3	Gentiva Health Services	Racine	Racine
4	11	Bayfield County Health Department	Washburn	Bayfield
5	14	Bellin Home Health Agency	Green Bay	Brown
132	17	Homemakers Inc. of Oshkosh	Oshkosh	Winnebago
75	23	Metro Home Health Services, Inc.	Milwaukee	Milwaukee
126	24	REM Health of Wisconsin, Inc.	Waupaca	Waupaca
143	26	Marquette General Home Health & Hospice	Menominee	Out of State
95	27	Community Health Resources	Park Falls	Price
9	35	St. Vincent Hospital Home Health Care	Green Bay	Brown
106	36	REM Health of Wisconsin, Inc.	Baraboo	Sauk
12	41	Burnett County DHHS	Siren	Burnett
13	42	Calumet County Health Department/HHC Agency	Chilton	Calumet
15	43	Chippewa County Department of Public Health	Chippewa Falls	Chippewa
17	44	Clark County Home Care Agency	Neillsville	Clark
20	46	Prairie du Chien Memorial Hospital Home Health	Prairie du Chien	Crawford
32	50	Douglas County Health Department-HHC	Superior	Douglas
35	51	Dunn County Home Health Center	Menomonie	Dunn
139	53	Dickinson-Iron District Health	Iron River	Out of State
41	54	Fond du Lac County Home Health Service	Fond du Lac	Fond du Lac
42	55	St. Agnes Hospital-Home Care Services	Fond du Lac	Fond du Lac
44	56	Forest County Health Department	Crandon	Forest
45	57	Grant County Home Nursing Service	Lancaster	Grant
49	60	Upland Hills Home Care	Dodgeville	Iowa
52	63	Jefferson County Health Department	Jefferson	Jefferson
56	65	Kenosha Visiting Nurse Association, Inc.	Kenosha	Kenosha
59	66	La Crosse County Health Department	La Crosse	La Crosse
58	67	Gundersen Lutheran Visiting Nurses, Inc.	La Crosse	La Crosse
60	68	Lafayette County Nursing Agency	Darlington	Lafayette
61	69	Langlade County Health Department	Antigo	Langlade
65	73	VNA Home Health, Inc.	Wausau	Marathon
79	81	Visiting Nurse Association of Wisconsin	Milwaukee	Milwaukee
87	83	Monroe County Health Department	Sparta	Monroe
89	86	Dr. Kate Home Health	Woodruff	Oneida
129	88	Thedacare at Home	Neenah	Winnebago
90	89	Ozaukee County Public Health Department	Port Washington	Ozaukee
91	90	Pepin County Nursing Service	Durand	Pepin
92	91	Pierce County Home Care	Ellsworth	Pierce
94	92	Polk County Home Care Program	Balsam Lake	Polk
100	98	At-Home Healthcare	Beloit	Rock

INDEX BY LICENSE NUMBER

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
102	99	Mercy Assisted Care, Inc.	Janesville	Rock
104	100	Rusk County Home Health Care	Ladysmith	Rusk
107	102	Sauk County Health Department	Baraboo	Sauk
108	103	Sawyer County Health & Human Services	Hayward	Sawyer
109	104	Shawano Community Home Care	Shawano	Shawano
111	106	Taylor County Health Department	Medford	Taylor
112	107	Trempealeau County Health Department	Whitehall	Trempealeau
118	111	Washburn County Health Department	Spooner	Washburn
127	114	Waupaca County DHHS/Health Services Division	Waupaca	Waupaca
82	122	Anew Home Health Care	Wauwatosa	Milwaukee
72	123	Barry Healthcare Services, Inc.	Milwaukee	Milwaukee
110	124	St. Nicholas Hospital Home Health & Hospice	Sheboygan	Sheboygan
114	125	Home Care Network, Inc.	Lake Geneva	Walworth
40	127	Northwest Wisconsin Homecare, Inc.	Eau Claire	Eau Claire
105	128	Heartland Home Health	Hammond	St. Croix
55	130	Alliance Home Care	Kenosha	Kenosha
29	134	Marquardt Memorial Manor, Inc.	Watertown	Dodge
53	135	KJM Home Health Care Agency	Watertown	Jefferson
51	137	Fort Atkinson Memorial Hlth Services Home Health Agency	Fort Atkinson	Jefferson
1	139	Adams County Memorial Hospital Association	Adams	Adams
57	141	Franciscan Skemp Medical Center HHS	La Crosse	La Crosse
47	142	The Monroe Clinic Home Care	Monroe	Green
62	143	Holy Family Memorial Home Care	Manitowoc	Manitowoc
131	144	Affinity Visiting Nurses	Oshkosh	Winnebago
18	146	Memorial Hospital, Inc.	Neillsville	Clark
74	147	Laabs Home Health Care, Inc.	Milwaukee	Milwaukee
83	148	Camillus Cares Home Health	Wauwatosa	Milwaukee
69	150	Horizon Home Care & Hospice	Brown Deer	Milwaukee
3	151	Lakeview Medical Center	Rice Lake	Barron
7	154	Home Care Advantage, Inc.	Green Bay	Brown
128	157	Preferred Home Health Care, Inc.	Menasha	Winnebago
16	158	St. Joseph's Hospital Home Health Agency	Chippewa Falls	Chippewa
101	159	Memorial Community Hospital Home Health Agency	Edgerton	Rock
30	165	Watertown Memorial Hospital-Home Health Program	Watertown	Dodge
78	167	St. John's Home Health Service	Milwaukee	Milwaukee
136	169	St. Luke's Home Health Service	Duluth	Out of State
121	170	Prohealth Home Care	Hartland	Waukesha
33	172	The Dove, Inc.	Superior	Douglas
14	174	Calumet Medical Center Health Care Services	Chilton	Calumet
137	175	St. Mary's/Duluth Clinic Home Health	Duluth	Out of State

INDEX BY LICENSE NUMBER

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
22	176	Home Health United-VNS	Madison	Dane
73	179	Covenant Home Health & Hospice, Inc.	Milwaukee	Milwaukee
133	182	Ministry Home Care Home Health Services-Marshfield	Marshfield	Wood
31	187	Door County Memorial Home Health	Sturgeon Bay	Door
28	188	Hillside Home Health	Beaver Dam	Dodge
141	190	Caring Home Health	Ironwood	Out of State
134	197	Mercy Home Care-Dubuque	Dubuque	Out of State
96	202	Supportive Home Services	Park Falls	Price
24	206	Interim Healthcare of Madison	Madison	Dane
142	207	Marquette General Home Health	Kingsford	Out of State
117	208	Spooner Health System Home Care	Spooner	Washburn
36	211	Gentiva Health Services	Menomonie	Dunn
130	214	Affiliated Home Care, Inc.	Oshkosh	Winnebago
145	215	Red Wing Regional Home Health	Red Wing	Out of State
54	216	Hess Home Health	Mauston	Juneau
6	218	Heartland Home Health Care	Green Bay	Brown
50	219	Pine View Home Health	Black River Falls	Jackson
124	220	Lutheran Social Service Home Care	Waukesha	Waukesha
25	222	Meriter Home Care Agency	Madison	Dane
81	225	Nursing Counsultant & Care Management	Shorewood	Milwaukee
48	235	CHN Home Care	Berlin	Green Lake
84	237	Gentiva Health Services	West Allis	Milwaukee
97	238	Flambeau Home Health & Hospice	Phillips	Price
122	240	Hannah Home Health Care, Inc.	Mukwonago	Waukesha
68	241	Northland Home Health Agency	Westfield	Marquette
123	247	Coram Alternate Site Services, Inc.	New Berlin	Waukesha
146	248	Interim Healthcare-Rockford	Rockford	Out of State
2	251	Bay Area Home Health Services	Ashland	Ashland
26	252	University Hospital Home Health Agency	Middleton	Dane
88	253	Ministry Home Care, Inc.	Rhineland	Oneida
67	256	Northland Lutheran Home Health Service, Inc.	Marinette	Marinette
150	257	Caregivers Home Health	Woodstock	Out of State
147	260	Lakeview Hospital Homecare	Stillwater	Out of State
8	266	Interim Healthcare of Northeastern Wisconsin, Inc.	Green Bay	Brown
43	270	Country Care Connection	Crandon	Forest
113	271	Vernon Memorial Hospital HHC Agency	Viroqua	Vernon
64	277	Interim Healthcare	Wausau	Marathon
77	278	Preferred Home Health Services, LLC	Milwaukee	Milwaukee
86	279	Professional Home Care Services	West Allis	Milwaukee
119	280	Heartland Home Health Care & Hospice	Brookfield	Waukesha

INDEX BY LICENSE NUMBER

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
135	284	Interim Healthcare Lake Superior	Duluth	Out of State
37	286	Gentiva Health Services	Menomonie	Dunn
85	287	Gentiva Health Services	West Allis	Milwaukee
23	294	Independent Health Care, Inc.	Madison	Dane
103	295	Indianhead Home Health Care Agency	Ladysmith	Rusk
125	300	St. Joseph Home Care	New London	Waupaca
115	304	Hearts of Gold, Inc.	Shell Lake	Washburn
99	305	SAI Home Health Care, Inc.	Racine	Racine
70	306	ANS Home Health Services, Inc.	Milwaukee	Milwaukee
76	309	Midamerica Healthcare Corporation of Wisconsin	Milwaukee	Milwaukee
34	310	Aurora Community Health, Inc.	Menomonie	Dunn
11	311	Woodside Home Health Agency	Green Bay	Brown
80	312	"Your Nurse" Home Health Care	Milwaukee	Milwaukee
138	314	Dickinson Home Health	Iron Mountain	Out of State
21	316	Catalyst, Inc.	Madison	Dane
149	318	Winona Health Home Care	Winona	Out of State
116	324	Indianhead Medical Center, Inc.	Shell Lake	Washburn
71	326	Affiliated Home Health Care, Inc.	Milwaukee	Milwaukee
19	328	Divine Savior Home Care	Portage	Columbia
46	330	Homeward Bound Home Health	Lancaster	Grant
38	335	Lifenet, LLC	Eau Claire	Eau Claire
144	340	Hiawatha Homecare	Red Wing	Out of State
27	341	Stoughton Hospital Home Health United	Stoughton	Dane
93	349	Spring Valley Home Health Services	Spring Valley	Pierce
148	356	St. Elizabeth Home Health Care	Wabasha	Out of State
66	1005	Caregivers Home Health	Marinette	Marinette
10	1008	Visiting Nurse Association of Wisconsin, Inc.	Green Bay	Brown
120	1009	Universal Pediatric Services, Inc.	Brookfield	Waukesha
39	1010	Mission Home Health-Lutheran Social Services	Eau Claire	Eau Claire
140	1013	United Home Care	Iron River	Out of State